| Fill in this information to identify your case: | | |
|---|--|------------------------------------|
| United States Bankruptcy Court for the : | | |
| NORTHERN District of ILLINOIS (State) | | |
| Case Number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|--|----------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or | Sarah First name Marie | First name |
| | passport). | Middle name Laning | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Last name | Last name |
| | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | Sarah | |
| | have used in the last 8 years | First name | First name |
| | • | Marie Middle name | Middle name |
| | Include your married or maiden names. | Kukulski | mode rame |
| | | Last name | Last name |
| | | | |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| 3. | Only the last 4 digits of your Social Security | xxx - xx - <u>5923</u> | XXX - XX |
| | number or federal Individual Taxpayer | OR | OR |
| | Identification number | 9xx - xx | 9 xx - xx |

Entered 12/10/15 12:38:31 Desc Main Filed 12/10/15 Case 15-41698 Doc 1

Page 2 of 64

Case Number (if known) Document Sarah Marie Debtor 1 First Name Middle Name Last Name

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in | I have not used any business names or EINs. | ☐ I have not used any business names or EINs. |
| | the last 8 years | Business name | Business name |
| | Include trade names and doing business as names | Business name | Business name |
| | - | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 15344 Aubrieta Ln Number Street | Number Street |
| | | Orland Park IL 60462 City State ZIP Code | City State ZIP Code |
| | | соок | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
| | | Number Street | Number Street |
| | | P.O. Box | P.O. Box |
| | | City State ZIP Code | City State ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | have another reason. Explain. (See 28 U.S.C. § 1408 | ☐I have another reason. Explain. (See 28 U.S.C. § 1408 |
| | | | |
| | | | |
| | | | |

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main

Debtor 1 Sarah Marie Document Laning Page 3 of 64
First Name Middle Name Last Name Page 3 of 64

Last Name Case Number (if known)

| Pa | Tell the Court About Your | Bankruptcy | Case | | | | |
|-----|---|--|---|----------|------|--|--|
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | | B <i>ankruptcy</i> (Form ter 7 ter 11 ter 12 | | | Required by 11 U.S.C. § 342(b) for Individuals f page 1 and check the appropriate box. | |
| 8. | How you will pay the fee | local yours subm with a I nee Appli I requ By la less t | pay the entire fee when I file my petition. Please check with the clerk's office in your court for more details about how you may pay. Typically, if you are paying the fee self, you may pay with cash, cashier's check, or money order. If your attorney is nitting your payment on your behalf, your attorney may pay with a credit card or check a pre-printed address. In the pay the fee in installments. If you choose this option, sign and attach the dication for Individuals to Pay The Filing Fee in Installments (Official Form 103A). In the pay the fee be waived (You may request this option only if you are filing for Chapter 7. It is aw, a judge may, but is not required to, waive your fee, and may do so only if your income is than 150% of the official poverty line that applies to your family size and you are unable to the fee in installments). If you choose this option, you must fill out the Application to Have the loter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. | | | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No □ Yes. | | | When | Case Number MM / DD / YYYY Case Number MM / DD / YYYY Case Number MM / DD / YYYY | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business parter, or by affiliate? | ■ No □ Yes. | District | | When | Relationship to you Case Number, if known MM / DD / YYYY Relationship to you Case Number, if known MM / DD / YYYY | |
| 11. | Do you rent your residence? | □ No. ■ Yes. | residence? No. Go to Yes. Fill o | line 12. | | nent against you and do you want to stay in your Eviction Judgment Against You (Form 101A) and file it with | |

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 4 of 64

Debtor 1 Sarah Marie Case Number (if known) _ First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor No. Go to Part 4. 12. Are you a sole proprietor of any full- or part-time Name and location of business ☐ Yes. business? A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnerhsip, or Number Street LLC. If you have more than one sole proprietorship, use a separate sheed and attach it to this petition. Zip Code Check the appropriate box to describe your business: ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) ■ None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent Chapter 11 of the balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these **Bankruptcy Code and** documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. For a definition of small business debtor, see No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in 11 U.S.C. § 101(51D). the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention No. 14. Do you own or have any property that poses or is Yes. What is the hazard? alleged to pose a threat of imminent and indentifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed? _ immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Number Street City State ZIP Code

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main

Debtor 1

Sarah Marie Document

Page 5 of 64

First Name

Middle Name

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing abou |
|--|
| credit counseling because of: |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing abou | ιt |
|--|----|
| credit counseling because of: | |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main

Debtor 1 Sarah Marie Document Page 6 of 64

Case Number (if known)

Last Name

| What kind of debts do you have? | as "incurred by an individual | 16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | |
|--|--|---|---|--|--|--|--|
| | No. Go to line 16b. Yes. Go to line 17. | | | | | | |
| | | business debts? Business debts are debts estment or through the operation of the busines | - | | | | |
| | No. Go to line 16c. Yes. Go to line 17. | | | | | | |
| | 16c. State the type of debts you o | owe that are not consumer debts or business d | ebts. | | | | |
| Are you filing under Chapter 7? | ───────────────────────────────────── | napter 7. Go to line 18. | <u> </u> | | | | |
| Do you estimate that after | | er 7. Do you estimate that after any exempt p s are paid that funds will be available to distrib | | | | | |
| any exempt property is excluded and | No. | | | | | | |
| administrative expenses are paid that funds will be available for distribution to unsecured creditors? | — ∏Yes. | | | | | | |
| How many creditors do | 1-49 | 1,000-5,000 | 25,001-50,000 | | | | |
| you estimate that you | □ 50-99 | <u></u> 5,001-10,000 | 50,001-100,000 | | | | |
| owe? | ☐ 100-199 ☐ 200-999 | 10,001-25,000 | ☐ More than 100,000 | | | | |
| How much do you | \$0-\$50,000 | \$1,000,001-\$10 million | □\$500,000,001-\$1 billion | | | | |
| estimate your assets to | \$50,001-\$100,000 | \$10,000,001-\$50 million | □\$1,000,000,001-\$10 billion | | | | |
| be worth? | \$100,001-\$500,000 | \$50,000,001-\$100 million | \$10,000,000,001-\$50 billion | | | | |
| | \$500,001-\$1 million | \$100,000,001-\$500 million | More than \$50 billion | | | | |
| How much do you estimate your liabilities | □ \$0-\$50,000 ■ \$50,001-\$100,000 | \$1,000,001-\$10 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion | | | | |
| to be? | \$50,001-\$100,000 \$100,001-\$500,000 | ☐ \$10,000,001-\$50 million ☐ \$50,000,001-\$100 million | \$1,000,000,001-\$10 billion | | | | |
| | \$500,001-\$1 million | \$100,000,001-\$500 million | ☐ More than \$50 billion | | | | |
| rt 7: Sign Below | | | | | | | |
| you | I have examined this petition, and correct. | I declare under penalty of perjury that the infor | rmation provided is true and | | | | |
| | - | oter 7, I am aware that I may proceed, if eligible inderstand the relief available under each chap | | | | | |
| | | did not pay or agree to pay someone who is n d read the notice required by 11 U.S.C. § 342(| | | | | |
| | I request relief in accordance with | the chapter of title 11, United States Code, sp | ecified in this petition. | | | | |
| | _ | ment, concealing property, or obtaining money in fines up to \$250,000, or imprisonment for upd 3571. | | | | | |
| | /s/ Sarah Marie Laning Signature of Debtor 1 | Signal | ture of Debtor 2 | | | | |
| | | | | | | | |
| | Executed on12/02/2015 | | | | | | |

First Name

Middle Name

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 7 of 64

Debtor 1 Sarah Marie Laning Case Number (if known) _ First Name Middle Name Last Name I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility For your attorney, if you are to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief represented by one available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. if you are not represented by an attorney, you do not need to file this page. /s/ Cecil Denard Scruggs Date: 12/10/2015 Date Signature of Attorney for Debtor MM / DD / YYYY **Cecil Denard Scruggs** Printed name Geraci Law L.L.C. Firm name 55 E. Monroe St., #3400 Number Street 60603 Chicago City State ZIP Code 312-332-1800 ndil@geracilaw.com Contact Phone _ Email address

IL

State

6306960

Bar number

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 8 of 64

| Fill in this in | formation to ide | | | |
|---------------------------|---------------------|--------------------------------------|------------------|---|
| Debtor 1 | Sarah | Marie | Laning | _ |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | _ |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court fo | or the : <u>NORTHERN</u> District of | ILLINOIS (State) | |
| Case Number (If known) | Г | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: | Summarize Your Assets | |
|----------|---|---|
| | | Your assets Value of what you own |
| | e A/B: Property (Official Form 106A/B) v line 55, Total real estate, from Schedule A/B | \$0 |
| 1ь. Сору | line 62, Total personal property, from Schedule A/B | \$ 9,544 |
| 1с. Сору | line 63, Total of all property on Schedule A/B | \$ 9,544 |
| Part 2: | Summarize Your Liabilities | |
| | | Your liabilities Amount you owe |
| | e D: Creditors Who Have Claims Secured by Property (Official Form 106D) the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$12,731 |
| | e E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0 |
| | the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$48,522 |
| | | |
| Part 3: | Summarize Your Liabilities | |
| | e I: Your Income (Official Form 106I) our combined monthly income from line 12 of Schedule I | \$1,821.71 |
| | e J: Your Expenses (Official Form 106J) our monthly expenses from line 22c of Schedule J | \$1,855.00 |

Doc 1 Filed 12/10/15

Case 15-41698 Entered 12/10/15 12:38:31 Desc Main Page 9 of 64 Document Sarah Marie Laning Case Number (if known) _ First Name Middle Name Last Name **EntriesDescription** <u>AssetsAmount</u> **LiabilitiesAmount Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$ 2,482.50 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| 5 - 1, 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |
|--|--------------|
| | Total claim |
| From Part 4 of Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_30,652.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | \$_0.00 |
| 9g. Total. Add lines 9a through 9f. | \$_30,652.00 |

| | Caso 1 | 11609 Doc 1 | Eilad 12/10/15 | Entered 12/10/15 12 | 2:38:31 Des | sc Main |
|--|---|---|--|--|--|---|
| Fill in this in | formation to ide | ntify your case and this fill | ing: | 0 of 64 | | oo maan |
| Debtor 1 | Sarah | Marie | Laning | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court fo | or the : <u>NORTHERN</u> Distri | | | | |
| Case Number | | | (State) | | [| Check if this is an |
| (If known) | | | | | | amended filing |
| Official F | <u>orm 106A</u> | <u>/B</u> | | | | |
| Schedul | e A/B: Pr | operty | | | | 12/15 |
| Part 1: 01. Do you ow No. Yes. 2. Add the dol | supplying corre ur name and cas Describe Each Re rn or have any le Describe | ct information. If more spa e number (if known). Answ sidence, Building, Land, or C gal or equitable interest in portion you own for all of y | nce is needed, attach a separa wer every question. Other Real Esate You Own or Ha n any residence, building, land | d, or similar property? | | |
| you nave at | tached for Part 1 | . Write that number here | | | / | \$0.00 |
| Part 2: | Describe Your Vel | nicles | | | | |
| O3. Cars, vans No. Yes. No. Yes. No. Yes. No. Yes. | Describe Describe Make: Model: Year: Approximate Milea Other information: E, aircraft, motor Boats, trailers, motor Describe | Kia Rio 2010 65,000.00 homes, ATVs and other reors, personal watercraft, fishing | Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is committed instructions) ccreational vehicles, other vehicles, snowmobiles, motorcycle | ly s and another unity property (see nicles, and accessories accessories | Do not deduct secured the amount of any secu | claims or exemptions. Put red claims on Schedule D: aims Secured by Property Current value of the portion you own? 00 \$ 3,994.00 |
| | | | our entries fro Part 2, includir | ng any entries for pages | | \$ 3,994.00 |
| | | | | / | | |
| Part 3: | Describe Your Per | sonal and Household Items | | | | |
| Do you own o | r have any legal (| or equitable interest in any | y of the following items? | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| Examples: | | nishings urniture, linens, china, kitchenw | vare | | | |
| Yes. | Describe | Furniture, linens, small applia | nces, table & chairs, bedroom set | | \$1,000 | \$1,000.00 |

Official Form 106A/B Record # 667830 Schedule A/B: Property Page 1 of 6

Sarah

Case 15-41698 Doc 1

Filed 12/10/15
Document

Desc Main

First Name Middle Name

Entered 12/10/15 12:38:31 Page 11 of 64 (if known)

| 07. | | Televisions and ra | dios; audio, video, stereo, and digital equipment; computers, printers, scanners; music including cell phones, cameras, media players, games | | | |
|-----|------------------------------------|--|--|--------------------|--|------------|
| | No. | | | | | |
| | Yes. | Describe | TV, computer, printer, cell phone \$ | 200 | \$ | 200.00 |
| 08. | Collectible | s of value | | | Ψ | |
| | Examples: | Antiques and figur | ines; paintings, prints, or other artwork; books, pictures, or other art objects; | | | |
| | stamp, coin | | collections; other collections, memorabilia, collectibles | | | |
| | Yes. | Describe | | | \$ | 0.00 |
| 09. | | for sports and | | | | |
| | | | nic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes nusical instruments | | | |
| | Yes. | Describe | | | \$ | 0.00 |
| 10. | Firearms | | | | | |
| | Examples: No. | Pistols, rifles, shot | guns, ammunition, and related equipment | | | |
| | Yes. | Describe | | | \$ | 0.00 |
| 11. | Clothes | | | | | |
| | Examples: | Everyday clothes, | furs, leather coats, designer wear, shoes, accessories | | | |
| | Yes. | Describe | Everyday clothes, shoes, accessories \$ | 150 | \$ | 150.00 |
| 12. | Jewelry Examples: gold, silver No. | Everyday jewelry, | costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | | | |
| | Yes. | Describe | Everyday jewelry, costume jewelry, \$ | 100 | \$ | 100.00 |
| 13. | Non-farm a Examples: | animals Dogs, cats, birds, l | norses | | - | |
| | Yes. | Describe | | | | |
| | _ | | | | \$ | 0.00 |
| 14. | Any other | personal and ho | busehold items you did not already list, including any health aids you did not list | | | |
| | Yes. | Describe | | | \$ | 0.00 |
| | | | of your entries from Part 3, including any entries for pages you have attached > | | | \$1,450.00 |
| P | art 4: | escribe Your Fir | nancial Assets | | | |
| Do | you own or | have any legal | or equitable interest in any of the following? | por Do r | rent value of tion you own not deduct secur xemptions | ? |
| 16. | Cash Examples: | Money you have ir | your wallet, in your home, in a safe deposit box, and on hand when you file your petition | | | |
| | = | Dogoriha | | | | |
| | Yes. | Describe | | | \$ | 0.00 |

Case 15-41698 Sarah

Doc 1

Filed 12/10/15
Document F

Desc Main

First Name

Middle Name

Entered 12/10/15 12:38:31 Page 12 of 64 Humber (if known)

| 17. | Deposits of | f money | | | | |
|------|--------------|----------------------|---------------------------------|---|-----------|--------|
| | Examples: (| Checking, savings | s, or other financial accounts; | certificates of deposit; shares in credit unions, brokerage houses, | | |
| | and other si | imilar institutions. | If you have multiple accounts | with the same institution, list each. | | |
| | No. | | | | | |
| | Voc | Dogoribo | Account Type: | Institution name: | | |
| | Yes. | Describe | Account Type: | Institution name: | _ | 400.00 |
| | | | Checking Account | Byline Bank | | 100.00 |
| | | | | | \$ | 100.00 |
| 18. | Bonds, mu | tual funds, or r | oublicly traded stocks | | - | |
| | | · · · · · · · · | ' - | ge firms, money market accounts | | |
| | | bona iunas, inves | unent accounts with brokerag | e limis, money market accounts | | |
| | No. | | | | | |
| | Yes. | Describe | Institution or issuer name | e: | | |
| | | | | | \$ | 0.00 |
| 19 | Non-nublic | ly traded stock | and interests in incorno | orated and unincorporated businesses, including an interest in | - | |
| | | ., | t unu moorbor minoorpo | | | |
| | No. | | | | | |
| | Yes. | Describe | Name of Entity and Perc | ent of Ownership: | | |
| | | | | | \$ | 0.00 |
| 20. | Governme | nt and corpora | te bonds and other negot | tiable and non-negotiable instruments | | |
| | | = | - | checks, promissory notes, and money orders. | | |
| | - | | | to someone by signing or delivering them. | | |
| | _ ` | able ilistruments a | are those you cannot transfer | to someone by signing or delivering them. | | |
| | No. | | | | | |
| | Yes. | Describe | Issuer name: | | | |
| | | | | | \$ | 0.00 |
| 21 | Retirement | or pension ac | counts | | • | |
| - 1. | | = | | thrift savings accounts, or other pension or profit-sharing plans | | |
| | | iniciosis in itva, L | (k), 400(b), | , tillit savings accounts, or other pension of profit-straining plans | | |
| | No. | | | | | |
| | Yes. | Describe | Type of account and Inst | titution name: | | |
| | | | | | \$ | 0.00 |
| 22 | Security de | posits and pre | enavments | | • | |
| | = | - | | you may continue service or use from a company | | |
| | | | | utilities (electric, gas, water), telecommunications | | |
| | _ | Agreements with | landiords, prepaid rent, public | dulliles (electric, gas, water), telecommunications | | |
| | No. | | | | | |
| | Yes. | Describe | Institution name or indivi | dual: | | |
| | | | | | \$ | 0.00 |
| 23. | Annuities (| A contract for | a periodic payment of mo | oney to you, either for life or for a number of years) | - | |
| | — | | a periodic payment or in- | 5.10) to you, claim on the distribution of yours, | | |
| | No. | | | | | |
| | Yes. | Describe | Issuer name and descrip | otion: | | |
| | | | | | \$ | 0.00 |
| 24. | Interests in | an education | IRA, in an account in a gr | ualified ABLE program, or under a qualified state tuition program. | - | |
| | | | (b), and 529(b)(1). | aamoa / i=== p. og. am, o. amao. a quamoa otato tamon p. og. am | | |
| | — · | 3 000(0)(1), 020/ | (b), and 020(b)(1). | | | |
| | No. | | | | | |
| | Yes. | Describe | Institution name and des | scription. Separately file the records of any interests.11 U.S.C. § 521(c): | | |
| | | | | | \$ | 0.00 |
| 25. | Trusts. eau | uitable or future | e interests in property (ot | ther than anything listed in line 1), and rights or powers | | |
| | | | | , , , ,, | | |
| | No. | | | | | |
| | Yes. | Describe | | | | |
| | | | | | \$ | 0.00 |
| 26. | Patents, co | pyrights, trade | emarks, trade secrets, an | d other intellectual property | | |
| | , | ., . | | m royalties and licensing agreements | | |
| | | micriot domain in | arrico, websites, proceeds irol | m royalities and notifieng agreements | | |
| | No. | | | | | |
| | Yes. | Describe | | | | |
| | _ | | | | \$ | 0.00 |
| 27 | Licenses f | ranchises and | other general intangible | is | | |
| | | | - | e association holdings, liquor licenses, professional licenses | | |
| | | banang pennis, t | cholusive licelises, coopelativ | c association notuings, iiquoi iicenses, professional licenses | | |
| | No. | | | | | |
| | Yes. | Describe | | | | |
| | _ | | | | \$ | 0.00 |
| | | | | | | |

Sarah

Case 15-41698

Filed 12/10/15 Document

Doc 1

Entered 12/10/15 12:38:31 Page 13 of 64 (if known)

Desc Main

First Name Middle Name

| Mor | ney or prop | erty owed to you | ı? | Current value of the portion you own? Do not deduct secured claims or exemptions |
|-----|-------------------|------------------|--|--|
| 28. | Tax refund | s owed to you | | |
| | Yes. | Describe | Anticipated 2015 Federal Tax Refund \$4,000 | \$ <u>4,000.0</u> 0 |
| 29. | Examples: No. | - | um alimony, spousal support, child support, maintenance, divorce settlement, property settlement | |
| | Yes. | Describe | | \$0.00 |
| 30. | Examples: | | owes you ability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, d loans you made to someone else | |
| | Yes. | Describe | | \$0.00 |
| 31. | | • | ies r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Company Name & Beneficiary: | |
| | Yes. | Describe | | \$0.00 |
| 32. | If you are th | | at is due you from someone who has died iving trust, expect proceeds from a life insurance policy, or are currently entitled to receive is died. | |
| | Yes. | Describe | | \$0.00 |
| 33. | _ | - | s, whether or not you have filed a lawsuit or made a demand for payment nent disputes, insurance claims, or rights to sue | |
| | Yes. | Describe | | \$0.00 |
| 34. | Other cont | ingent and unlic | uidated claims of every nature, including counterclaims of the debtor and rights | |
| | Yes. | Describe | | \$0.00 |
| 35. | Any financ No. | ial assets you d | id not already list | |
| | Yes. | Describe | | \$0.00 |
| | | | of your entries from Part 4, including any entries for pages you have attached | \$4,100.00 |
| | | | er here> | |
| | all Ji | | gal or equitable interest in any business-related property? | |
| | No. | | | |
| | | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | Accounts r | eceivable or co | mmissions you already earned | |
| | Yes. | Describe | | \$0.00 |

Sarah Debtor 1

Desc Main

Case 15-41698 Doc 1 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices Yes. Describe..... 0.00 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Yes. Describe..... 0.00 41. Inventory No. Yes. Describe..... 0.00 42. Interests in partnerships or joint ventures No. Name of Entity and Percent of Ownership: Yes. Describe..... 0.00 43. Customer lists, mailing lists, or other compilations No. Yes. Describe..... 0.00 44. Any business-related property you did not already list Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 for Part 5. Write that number here ----Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Describe..... Yes 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Yes. Describe..... 0.00 48. Crops-either growing or harvested No. Yes. Describe..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No. Yes. Describe..... 0.00 50. Farm and fishing supplies, chemicals, and feed No. Yes. Describe..... 0.00 51. Any farm- and commercial fishing-related property you did not already list No. Yes. Describe.....

0.00

\$0.00

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached

Schedule A/B: Property

Case 15-41698 Sarah

Doc 1

Desc Main

First Name

Filed 12/10/15 Entered 12/10/15 12:38:31

Document Page 15 of 64 Plumber (if known)

| Part 77: Describe All Property You Own or Have an Interest in That You Did Not List Abo | ove | |
|--|-------------|-------------|
| 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. | | |
| Yes. Describe | | \$0.0 |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here | > | \$0.00 |
| Part 8: List the Totals of Each Part of this Form | | |
| 55. Part 1: Total real estate, line 2 | | \$ 0.00 |
| 56. Part 2: Total vehicles, line 5 | \$ 3,994.00 | |
| 57. Part 3: Total personal and household items, line 15 | \$ 1,450.00 | |
| 58. Part 4: Total financial assets, line 36 | \$ 4,100.00 | |
| 59. Part 5: Total business-related property, line 45 | \$ 0.00 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ 0.00 | |
| 61. Part 7: Total other property not listed, line 54 | \$ 0.00 | |
| 62. Total personal property. Add lines 56 through 61 | \$ 9,544.00 | \$ 9,544.00 |
| 63. Toal of all property on Schedule A/B. Add line 55 + line 62 | | \$9,544.00 |

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main

| Fill in this in | formation to ident | ify your case: | |
|---------------------|----------------------|-------------------------------------|-----------------|
| Debtor 1 | Sarah | Marie | Laning |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number | | | |
| (If known) | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt | | | | | | | | |
|--|--|---|---|--------------------------------------|--|--|--|--|
| 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | |
| You are claiming state and federal nonbankruptcy exemptions . 11 U.S.C. § 522(b)(3) | | | | | | | | |
| You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | |
| | | | | | | | | |
| . For any property | y you list on Schedule A/B that yo | ou claim as exempt, fill in t | the information below. | | | | | |
| • | n of the property and line on hat lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | | | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption | | | | | |
| Brief description: | Furniture, linens, small appliances, table & chairs, bedroom set | \$ <u>1,000</u> | \$ | 735 ILCS 5/12-1001(b) - \$1,000.00 | | | | |
| Line from Schedule A/B: | 06 | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| Brief description: | TV, computer, printer, cell phone | \$_ 200 | \$ | 735 ILCS 5/12-1001(b) - \$200.00 | | | | |
| Line from Schedule A/B: | 07 | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| Brief description: | Everyday clothes, shoes, accessories | \$ <u> 150 </u> | \$ | 735 ILCS 5/12-1001(a),(e) - \$150.00 | | | | |
| Line from Schedule A/B: | 11 | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment .) No. Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? | | | | | | | | |
| Official Form 106C | Record # 667830 | Schedule C: T | he Property You Claim as Exempt | Page 1 of 2 | | | | |

Entered 12/10/15 12:38:31 Desc Main Case 15-41698 Doc 1 Filed 12/10/15

Document Sarah Marie

Page 17 of 64 Case Number (if known) Debtor 1 Middle Name Last Name **Additional Page** Part 2: Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption portion you own Schedule A/B that lists this property Copy the value from Check only one box for each exemption Schedule A/B Brief 735 ILCS 5/12-1001(a),(e) - \$100.00 Everyday jewelry, costume \$ 100 description: jewelry, Line from 100% of fair market value, up to 12 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(b) - \$100.00 Brief Checking Account, Byline Bank, 100 100.00 description: 100% of fair market value, up to Line from 17 any applicable statutory limit Schedule A/B: Brief Anticipated 2015 Federal Tax 735 ILCS 5/12-1001(g)(1)(2)(3) - \$2,100.00 \$<u>4,</u>000 Refund description: 735 ILCS 5/12-1001(b) - \$1,900.00 100% of fair market value, up to Line from 28 Schedule A/B: any applicable statutory limit

| Fill in this | information to ident | ify your case: | | 0/15 | 04 | | |
|--|--|--|--|---|---|--|-------------------------------------|
| Debtor 1 | Sarah | Marie | Laning | g | | | |
| DODIOI 1 | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United State | es Bankruptcy Court for | the : <u>NORTHERN</u> | District of <u>ILLINOIS</u> | | | | |
| Case Numb | er | | (State) | | | Check if th | is is an |
| (If known) | | | | | | amended f | iling |
| Official F | Form 106D | | | | | | |
| | | 1871 | Claims Secure | -l b D | | | 1 |
| _ | | | | edules. You have nothing els | e to report on this form. | | |
| Yes. F | Fill in all of the inform | | | dules. You have nothing els | | | |
| Part 1: | List All Secured Cla | ims | n one secured claim list th | | Column A | Column A | Column |
| Part 1: 2. List all s for each | ecured claims. If a claim. If more than c | ims creditor has more that one creditor has a pa | in one secured claim, list th irticular claim, list the other al order according to the cre | ne creditor separately | | Column A Value of collateral that supports this claim | Column of Unsecuring portion of any |
| Part 1: 2. List all s for each As much | ecured claims. If a claim. If more than c | creditor has more that one creditor has a pa claims in alphabetica | rticular claim, list the other | ne creditor separately creditors in Part 2. editors name. | Column A Amount of claim Do not deduct the | Value of collateral that supports this | Unsecur portion |
| 2. List all s for each As much 2.1 Santa Creditor | ecured claims. If a claim. If more than as possible, list the nder Consumer USA | creditor has more that one creditor has a pa claims in alphabetica | articular claim, list the other al order according to the cre | ne creditor separately creditors in Part 2. editors name. hat secures the claim: | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecur portion If any |
| Part 1: 2. List all s for each As much 2.1 Santa Creditor PO Bo | ecured claims. If a claim. If more than cas possible, list the nder Consumer USA is Name by 961245 | creditor has more that one creditor has a pa claims in alphabetica | articular claim, list the other al order according to the cre Describe the property the | ne creditor separately creditors in Part 2. editors name. hat secures the claim: | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecur portion If any |
| 2. List all s for each As much 2.1 Santa Creditor | ecured claims. If a claim. If more than cas possible, list the nder Consumer USA is Name by 961245 | creditor has more that one creditor has a pa claims in alphabetica | articular claim, list the other all order according to the creat order acc | ne creditor separately creditors in Part 2. editors name. hat secures the claim: | Column A Amount of claim Do not deduct the value of collateral \$ 12,731.00 | Value of collateral that supports this claim | Unsecur portion If any |
| Part 1: 2. List all s for each As much 2.1 Santa Creditor PO Bo | ecured claims. If a claim. If more than cas possible, list the nder Consumer USA is Name by 961245 | creditor has more that one creditor has a pa claims in alphabetica | Describe the property the 2010 Kia Rio with over As of the date you file, to | ne creditor separately creditors in Part 2. editors name. hat secures the claim: | Column A Amount of claim Do not deduct the value of collateral \$ 12,731.00 | Value of collateral that supports this claim | Unsecur portion If any |
| 2. List all s for each As much 2.1 Santa Creditor PO Bo Number | ecured claims. If a claim. If more than claim as possible, list the nder Consumer USA is Name by 961245 | creditor has more that one creditor has a pactains in alphabetical. | articular claim, list the other all order according to the creat order acc | ne creditor separately creditors in Part 2. editors name. hat secures the claim: | Column A Amount of claim Do not deduct the value of collateral \$ 12,731.00 | Value of collateral that supports this claim | Unsecur portion If any |
| Part 1: 2. List all s for each As much 2.1 Santa Creditor PO Bo Number | ecured claims. If a claim. If more than claim as possible, list the nder Consumer USA is Name by 961245 | creditor has more that one creditor has a pactains in alphabetical. | Describe the property the 2010 Kia Rio with over As of the date you file, the Contingent | ne creditor separately creditors in Part 2. editors name. hat secures the claim: | Column A Amount of claim Do not deduct the value of collateral \$ 12,731.00 | Value of collateral that supports this claim | Unsecur portion If any |
| 2. List all s for each As much 2.1 Santa Creditor PO Bo Number | ecured claims. If a claim. If more than claim as possible, list the nder Consumer USA is Name by 961245 | creditor has more that one creditor has a particular sin alphabetical state. TX 76161 State Zip Code | Describe the property the 2010 Kia Rio with over As of the date you file, the Contingent Unliquidated | ne creditor separately creditors in Part 2. editors name. hat secures the claim: 65,000 miles the claim is: Check all that app | Column A Amount of claim Do not deduct the value of collateral \$ 12,731.00 | Value of collateral that supports this claim | Unsecur portion If any |
| 2. List all s for each As much 2.1 Santa Creditor PO Bo Number Fort W City | ecured claims. If a claim. If more than claim. | creditor has more that one creditor has a particular sin alphabetical state. TX 76161 State Zip Code | As of the date you file, to Contingent Contingent Unliquidated Disputed Nature of Lien. Check at | ne creditor separately creditors in Part 2. editors name. hat secures the claim: 65,000 miles the claim is: Check all that app | Column A Amount of claim Do not deduct the value of collateral \$ 12,731.00 Doly. | Value of collateral that supports this claim | Unsecur portion If any |
| 2.1 Santa Creditor PO Bo Number Fort W City Who owe | ecured claims. If a claim. If more than claim. | creditor has more that one creditor has a particular sin alphabetical state. TX 76161 State Zip Code | As of the date you file, to Contingent Uniquidated Disputed Nature of Lien. Check all Carloan) | ne creditor separately recreditors in Part 2. editors name. hat secures the claim: 65,000 miles the claim is: Check all that app | Column A Amount of claim Do not deduct the value of collateral \$ 12,731.00 Doly. | Value of collateral that supports this claim | Unsecur portion If any |
| 2.1 Santa Creditor PO Bo Number Fort V City Who ow Debto Debto | ecured claims. If a claim. If more than claim. | creditor has more that one creditor has a paclaims in alphabetical transfer of the control of th | As of the date you file, to Unliquidated Unliquidated Unliquidated Nature of Lien. Check al An agreement you may car loan) | ne creditor separately recreditors in Part 2. editors name. hat secures the claim: 65,000 miles the claim is: Check all that app | Column A Amount of claim Do not deduct the value of collateral \$ 12,731.00 Doly. | Value of collateral that supports this claim | Unsecur portion If any |
| 2.1 Santa Creditor PO Bo Number Fort V City Who ow Debto Debto | ecured claims. If a claim. If more than claim. | creditor has more that one creditor has a paclaims in alphabetical transfer of the control of th | As of the date you file, to Unliquidated Unliquidated Unliquidated An agreement you may car loan) Statutory lien (such as Undigment I lien from a later and the car loan) Judgment lien from a later according to the car loan of the car lo | ne creditor separately recreditors in Part 2. editors name. hat secures the claim: 65,000 miles the claim is: Check all that app | Column A Amount of claim Do not deduct the value of collateral \$ 12,731.00 Doly. | Value of collateral that supports this claim | Unsecur portion If any |
| 2.1 Santa Creditor PO Bo Number Fort W City Who ow Debto Debto At lea | ecured claims. If a claim. If more than claim. | creditor has more that one creditor has a paclaims in alphabetical transfer of the control of th | As of the date you file, to Unliquidated Unliquidated Unliquidated Nature of Lien. Check al An agreement you may car loan) | ne creditor separately recreditors in Part 2. editors name. hat secures the claim: 65,000 miles the claim is: Check all that app | Column A Amount of claim Do not deduct the value of collateral \$ 12,731.00 Doly. | Value of collateral that supports this claim | Unsecur portion If any |

| | Caso 15 /1609 | Poc 1 | Filod 12/10/15 | Entered 12/10/15 12:38:31 | L Desc Main | |
|---|---|---|---|---|-------------------------------------|-----------------|
| Fill in this | information to identify your ca | se: | | 9 of 64 | | |
| Debtor 1 | Sarah | Marie | Laning | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing |) First Name | Middle Name | Last Name | | | |
| United State | es Bankruptcy Court for the : <u>NOF</u> | RTHERN District | of <u>ILLINOIS</u> (State) | | | |
| Case Numb | per | | | | | this is an |
| (If known) | - 1005/5 | | | | amended | d filing |
| <u> Official I</u> | Form 106E/F | | | | | |
| chedul | e E/F: Creditors Wh | no Have U | nsecured Claims | | | 12/15 |
| ist the other A/B: Property reditors with eeded, copy op of any add | party to any executory contract (Official Form 106A/B) and on partially secured claims that a | cts or unexpired Schedule G: Ex are listed in Sche umber the entrie e and case numb | leases that could result in ecutory Contracts and Uncedule D: Creditors Who Has in the boxes on the left. | is and Part 2 for creditors with NONPRIORITY a claim. Also list executory contracts on Sclexpired Leases (Official Form 106G). Do not it we Claims Secured by Property. If more space Attach the Continuation Page to this page. On | hedule include any ce is | |
| Part 1: | | | | | | |
| _ | reditors have priority unsecure | ed claims agains | t you? | | | |
| = | Go to Part 2. | | | | | |
| ∐ Yes. | f your priority unsecured claim | s If a creditor ha | s more than one priority ups | secured claim, list the creditor separately for ea | ach claim. For | |
| each clair nonpriorit unsecure | m listed, identify what type of cla ty amounts. As much as possible d claims, fill out the Continuation | aim it is. If a claim e, list the claims i n Page of Part 1. | n has both priority and nonpoin alphabetical order according If more than one creditor ho | riority amounts, list that claim here and show being to the creditor's name. If you have more that olds a particular claim, list the other creditors in | oth priority and an two priority | |
| (For an e | explanation of each type of claim | , see the instructi | ons for this form in the instr | uction booklet.) Total clair | m Priority | Nonpriority |
| | | | | | amount | amount |
| Part 2: | List All of Your NONPRIORITY | Unsecured Claims | 3 | | | |
| 3. Do any c | reditors have nonpriority unse | cured claims aga | ainst you? | | | |
| No. | You have nothing to report in this | s part. Submit th | is form to the court with you | r other schedules. | | |
| Yes. | | | | | | |
| nonpriorit included | ty unsecured claim, list the credi | tor separately for tor holds a particu | each claim. For each claim | or who holds each claim. If a creditor has more listed, identify what type of claim it is. Do not liters in Part 3.If you have more than three non | ist claims already | |
| Cidii iii | out the continuation rage of re | uit 2. | | | | Total claim |
| 7.1 | rate Insurance r's Name | Las | t 4 digits of account number | | | <u>\$_75.00</u> |
| | South Harlem | Whe | en was the debt incurred? | 2014 | | |
| Numbe | Street | | | | | |
| | | | of the date you file, the claim | is: Check all that apply. | | |
| Bridge | eview IL 604 | .55 | Contingent Jnliquidated | | | |
| City Who ow | State Zip es the debt? Check one. | Code = | Disputed | | | |
| | or 1 only | _ | | | | |
| Debto | or 2 only | Тур | e of PRIORITY unsecured cla | aim: | | |
| Debto | or 1 and Debtor 2 only | | Student loans | | | |
| At lea | ast one of the debtors and another | _ | Obligations arising out of a sepa | · | | |
| | ck if this claim relates to a munity debt | _ | hat you did not report as priority | y claims ng plans, and other similar debts | | |
| | aim subject to offest? | Ш' | Source pension or pronestiding | g plant, and other similar debts | | |
| No | | | Other. Specify Debt Owed | | | |
| Yes | | | | | | |

Case 15-41698 Doc 1 Page 20 of 64 Case Number (if known) Dacument Sarah Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim**

| 4.2 | Active Insurance Agency | Last 4 digits of account number | \$ <u>100.00</u> |
|-----|--|---|--------------------|
| | Creditor's Name | 2014 | |
| | 1034 N Ashland | When was the debt incurred? 2014 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Chicago II 60622 | Contingent | |
| | Chicago IL 60622 City State Zip Code | Unliquidated | |
| ١ ١ | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| ' | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | s the claim subject to offest? | _ | |
| | No T. | Other. Specify | |
| 4.0 | Yes Advanced Urgent Care | Last A divite of account number | \$ 61.00 |
| 4.3 | Creditor's Name | Last 4 digits of account number | <u> </u> |
| | 10 Orland Square Dr | When was the debt incurred? 2015 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Orland Park IL 60462 | Unliquidated | |
| | City State Zip Code | Disputed | |
| 'i | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| 1 | s the claim subject to offest? | Debts to pension of professioning plans, and only similar debts | |
| | No | Other. Specify | |
| | Yes | | |
| 4.4 | Advocate Christ Medical Center | Last 4 digits of account number | \$ 1,665.00 |
| | Creditor's Name | When was the debt incurred? 2015 | |
| | PO Box 70508 | When was the debt incurred? 2015 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Chicago IL 60673-0508 | Contingent | |
| | City State Zip Code | Unliquidated | |
| 1 | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| j | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | s the claim subject to offest? | - M. K. W. 110 | |
| | No No | Other. Specify Medical/Dental Services | |
| | Yes | | |

Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Case 15-41698 Doc 1 Page 21 of 64 Case Number (if known) **ը**ջբլment Sarah Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim**

| 4.5 AES EDUC Funding South | Last 4 digits of account number 0001 | \$ <u>5,650.00</u> |
|--|---|--------------------|
| Creditor's Name | | |
| Po Box 61047 | When was the debt incurred? 2005-2015 | |
| Number Street | | |
| | | |
| | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| Harrisburg PA 17106 | Unliquidated | |
| City State Zip Code | | |
| Who owes the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of PRIORITY unsecured claim: | |
| | | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? | | |
| No | Other. Specify | |
| Yes | Outer, Specify | |
| TATC/TCA | Last 4 digits of account number0002 | \$ 3,277.00 |
| 4.0 | Last 4 digits of account number | <u> </u> |
| Creditor's Name | When was the debt incurred? 2004-2015 | |
| Po Box 61047 | When was the debt incurred? | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| | | |
| Harrisburg PA 17106 | Contingent | |
| | Unliquidated | |
| City State Zip Code Who owes the debt? Check one. | Disputed | |
| | | |
| Debtor 1 only | | |
| Debtor 2 only | Type of PRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | that you did not report as priority claims | |
| Check if this claim relates to a | — | |
| community debt Is the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| _ | _ | |
| No | Other. Specify | |
| Yes | 000 | |
| 4.7 AES/ESA | Last 4 digits of account number 0004 | \$ <u>4,370.00</u> |
| Creditor's Name | 0005 0045 | |
| Po Box 61047 | When was the debt incurred? 2005-2015 | |
| Number Street | | |
| | | |
| | As of the date you file, the claim is: Check all that apply. | |
| Hamishous DA 45400 | Contingent | |
| Harrisburg PA 17106 | Unliquidated | |
| City State Zip Code | Disputed | |
| Who owes the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of PRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | _ | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? | | |
| No | Other. Specify | |
| Yes | _ · · · · | |

Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Case 15-41698 Page 22 of 64 Case Number (if known) **ը**ջբլment Sarah Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** 4 8 AES/ESA \$ 5,608.00 Last 4 digits of account number

| 4.0 | Last 4 digits of account number | ¥ <u>,</u> |
|---|---|--------------------|
| Creditor's Name | 0004.0045 | |
| Po Box 61047 | When was the debt incurred? 2004-2015 | |
| Number Street | | |
| | | |
| | As of the date you file, the claim is: Check all that apply. | |
| DA 47400 | Contingent | |
| Harrisburg PA 17106 | Unliquidated | |
| City State Zip Code | Disputed | |
| Who owes the debt? Check one. | | |
| Debtor 1 only | | |
| Debtor 2 only | Type of PRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | that you did not report as priority claims | |
| Check if this claim relates to a | | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? | | |
| No | Other. Specify | |
| Yes | | |
| 4.9 Applied Card | Last 4 digits of account number | <u>\$_1,198.00</u> |
| Creditor's Name | 2042 | |
| PO Box 17120 | When was the debt incurred? 2012 | |
| Number Street | | |
| | As of the date were filler than also be Ober 1 will be trained. | |
| | As of the date you file, the claim is: Check all that apply. | |
| Wilmington DE 19886 | Contingent | |
| | Unliquidated | |
| City State Zip Code Who owes the debt? Check one. | Disputed | |
| | | |
| Debtor 1 only | | |
| Debtor 2 only | Type of PRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? | beste to periodic or profit ordining plane, and other circular design | |
| No | Cradit Card or Cradit Llag | |
| | Other. Specify Credit Card or Credit Use | |
| Yes A 10 Asset Acceptance LLC | | \$ 354.00 |
| 4.10 | Last 4 digits of account number | \$ _334.00 |
| Creditor's Name | When was the debt incurred? 2012 | |
| PO Box 9063 | When was the debt incurred? | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| Brandon FL 33509-9063 | | |
| City State Zip Code | Unliquidated | |
| Who owes the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of PRIORITY unsecured claim: | |
| · = ' | | |
| Debtor 1 and Debtor 2 only | ☐ Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offest? | | |
| No | Other. Specify Debt Owed | |
| Tyes | | |

Official Form 106E/F

Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Case 15-41698 Page 23 of 64 Case Number (if known) **ը**ջբլment Sarah Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page **Total Claim** After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Associates Urological Specialists **\$** 291.00

| 4.11 | 71000clates ofological opecialists | Last 4 digits of account number | \$ <u>251.00</u> |
|------|---|---|------------------|
| | Creditor's Name | 2012 | |
| | PO Box 516 | When was the debt incurred? 2012 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Bedford Park IL 60499 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | | |
| | No | Other. SpecifyMedical/Dental Services | |
| | Yes | | |
| 4.12 | Chase Bank | Last 4 digits of account number | <u>\$_148.00</u> |
| | Creditor's Name | When was the debt incurred? 2014 | |
| | PO Box 15298 | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Wilmington DE 19850 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | | |
| | No | Other. Specify Credit Card or Credit Use | |
| | Yes | | |
| 4.13 | | Last 4 digits of account number | \$ <u>883.00</u> |
| | Creditor's Name | When was the debt incurred? 2013 | |
| | PO Box 6500 | When was the debt incurred? 2013 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Sioux Falls SD 57117 | Unliquidated | |
| | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | | | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | | |
| | ■ No | Other. Specify Credit Card or Credit Use | |
| 1 | I IVec | | |

Record # 667830

Official Form 106E/F

Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Case 15-41698 Page 24 of 64
Case Number (if known) **ը**ջբլment Sarah Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim**

| 4.14 | Fingerhut Direct Mrkting | Last 4 digits of account number 9724 | \$ <u>154.00</u> |
|------|--|---|--------------------|
| | Creditor's Name | When was the debt incurred? 2014-2014 | |
| | 16 Mcleland Rd | When was the debt incurred? 2014-2014 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Saint Cloud MN 56303 | Unliquidated | |
| v | City State Zip Code Vho owes the debt? Check one. | Disputed | |
| | Debtor 1 only | _ | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | |
| l ř | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| - | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| ls | s the claim subject to offest? | - | |
| | No | Other. Specify Unknown Credit Extension | |
| | Yes | | |
| 4.15 | GE Capital Retail Bank | Last 4 digits of account number | \$ <u>1,072.00</u> |
| | Creditor's Name | When was the debt incurred? 2013 | |
| | 170 Election Road, Suite 125 | When was the debt incurred? 2013 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Daniel Adolo | Contingent | |
| | Draper UT 84020 | Unliquidated | |
| _ v | City State Zip Code Vho owes the debt? Check one. | Disputed | |
| Г | Debtor 1 only | | |
| Ī | Debtor 2 only | Type of PRIORITY unsecured claim: | |
| ΙĒ | Debtor 1 and Debtor 2 only | Student loans | |
| li | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| F | Check if this claim relates to a | that you did not report as priority claims | |
| - | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is | s the claim subject to offest? | _ | |
| | No | Other. SpecifyCredit Card or Credit Use | |
| | Yes | | 0.40.00 |
| 4.16 | Geico Insurance | Last 4 digits of account number | <u>\$ 243.00</u> |
| | Creditor's Name 1 Geico Plaza | When was the debt incurred? 2012 | |
| | Number Street | | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Washington DC 20046 | Contingent | |
| | City State Zip Code | Unliquidated | |
| v | Who owes the debt? Check one. | Disputed | |
| [| Debtor 1 only | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | |
| [| Debtor 1 and Debtor 2 only | Student loans | |
| [| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Ē | Check if this claim relates to a | that you did not report as priority claims | |
| " | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is | s the claim subject to offest? | | |
| | No | Other. Specify Debt Owed | |
| | Yes | | |

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

Case 15-41698 Doc 1 Filed 12/10/15 12:38:31 Desc Main

Page 25 of 64

Case Number (if known)

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

| After lis | sting any entries on this page, number them b | peginning with 4.4, followed by 4.5, an | d so forth. | Total Claim |
|-----------|---|---|-------------------------------|------------------|
| 4.17 | High Tech Medical Park | Last 4 digits of account number | | \$ 139.00 |
| | Creditor's Name | | 2015 | |
| | 11800 Southwest Highway | When was the debt incurred? | 2010 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | Data a Haishta | Contingent | | |
| | Palos Heights IL 60463 | Unliquidated | | |
| W | City State Zip Code /ho owes the debt? Check one. | Disputed | | |
| Г | Debtor 1 only | | | |
| Ī | Debtor 2 only | Type of PRIORITY unsecured claim | e. | |
| Ī | Debtor 1 and Debtor 2 only | Student loans | | |
| Ī | At least one of the debtors and another | Obligations arising out of a separati | on agreement or divorce | |
| 7 | Check if this claim relates to a | that you did not report as priority cla | - | |
| _ | community debt | Debts to pension or profit-sharing pl | | |
| Is | the claim subject to offest? | _ | | |
| | No | Other. Specify Medical/Dental | Services | |
| 4.18 | Yes HSBC BANK | Last 4 digits of account number | NULL | \$ 347.00 |
| 4.10 | Creditor's Name | | | · |
| | Po Box 9 | When was the debt incurred? | 2011-2011 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that annly | |
| | | Contingent | onosit diri dide deperti | |
| | Buffalo NY 14240 | Unliquidated | | |
| ٠ | City State Zip Code | Disputed | | |
| ı v | /ho owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim | : | |
| <u> </u> | Debtor 1 and Debtor 2 only | ☐ Student loans | | |
| <u> </u> | At least one of the debtors and another | Obligations arising out of a separati | - | |
| L | Check if this claim relates to a | that you did not report as priority cla | | |
| le | community debt the claim subject to offest? | Debts to pension or profit-sharing pl | lans, and other similar debts | |
| | No | Other. Specify Credit Card or 0 | Cradit Llea | |
| ▎ | Yes | Other. SpecifyCredit Gard of C | Siedit Ose | |
| 4.19 | HSBC BANK Nevada N.A. | Last 4 digits of account number | 7643 | \$ 634.00 |
| 1.10 | Creditor's Name | · - | | |
| | 120 Corporate Blvd Ste 1 | When was the debt incurred? | 2011-2012 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | | Contingent | , | |
| | Norfolk VA 23502 | Unliquidated | | |
| ٠,, | City State Zip Code | Disputed | | |
| \ \ | /ho owes the debt? Check one. | | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim | : | |
| <u> </u> | Debtor 1 and Debtor 2 only | Student loans | | |
| <u> </u> | At least one of the debtors and another | Obligations arising out of a separati | | |
| L | Check if this claim relates to a | that you did not report as priority cla | | |
| le | community debt the claim subject to offest? | Debts to pension or profit-sharing pl | ans, and other similar debts | |
| | No | Other, Specify Unknown Credi | it Extension | |
| 7 | Yes | Other. SpecifyUnknown Credi | CEMOTOTI | |
| | - · *- | | | |

Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Case 15-41698 Doc 1 Page 26 of 64 Case Number (if known) **ը**ջբլment Sarah Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim ♥** 063 00

| 4.20 | IVIDD | Last 4 digits of account number | | \$ 903.00 |
|----------|--|--|--------------------------------|--------------------|
| | Creditor's Name | | | |
| | 1460 Renaissance Dr | When was the debt incurred? | 2011-2011 | |
| | Number Street | | | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | : Check all that apply. | |
| | | Contingent | | |
| | Park Ridge IL 60068 | = ' | | |
| | City State Zip Code | Unliquidated | | |
| - V | Vho owes the debt? Check one. | Disputed | | |
| | | _ | | |
| | Debtor 1 only | | | |
| 1 1 | Debtor 2 only | Type of PRIORITY unsecured claim | n: | |
| 1 1 | Debtor 1 and Debtor 2 only | Student loans | | |
| 1 1 | = | = | ian agraement or diverse | |
| | At least one of the debtors and another | Obligations arising out of a separati | - | |
| | Check if this claim relates to a | that you did not report as priority cla | aims | |
| " | community debt | Debts to pension or profit-sharing pl | olans, and other similar debts | |
| 1 | s the claim subject to offest? | _ | | |
| | No | Medical Debt | | |
| 7 | = | Other. Specify Medical Debt | | |
| \vdash | Yes | | 0115 | * 3 060 00 |
| 4.21 | MBB | Last 4 digits of account number | 0115 | <u>\$ 2,860.00</u> |
| 1 - | Creditor's Name | | 0044 0044 | |
| | 1460 Renaissance Dr | When was the debt incurred? | 2011-2011 | |
| | Number Street | | | |
| | Subst. | | | |
| | | As of the date you file, the claim is: | : Check all that apply. | |
| | | Contingent | | |
| | Park Ridge IL 60068 | = ' | | |
| | City State Zip Code | Unliquidated | | |
| v | Vho owes the debt? Check one. | Disputed | | |
| 1 1 | | _ | | |
| | Debtor 1 only | | | |
| [| Debtor 2 only | Type of PRIORITY unsecured claim | 1: | |
| [| Debtor 1 and Debtor 2 only | Student loans | | |
| l i | At least one of the debtors and another | Obligations arising out of a separati | ion agreement or divorce | |
| | = | | - | |
| [| Check if this claim relates to a | that you did not report as priority cla | | |
| | community debt | Debts to pension or profit-sharing pl | plans, and other similar debts | |
| ! | s the claim subject to offest? | | | |
| | No | Other. Specify Medical Debt | | |
| [| Yes | отпольторовну | | |
| 4.00 | Merchants Credit Guide | Last 4 digits of account number | 1982 | \$ 490.00 |
| 4.22 | | Last 4 digits of account number | | ¥ <u></u> |
| 1 | Creditor's Name | Miles was the debt become do | 2010-2011 | |
| 1 | 223 W Jackson Blvd Ste 4 | When was the debt incurred? | 2010 2011 | |
| 1 | Number Street | | | |
| 1 | | As of the data was file the elabority | Chack all that apply | |
| 1 | | As of the date you file, the claim is: | . Опеск ан шат арріу. | |
| 1 | Obieces II coooc | Contingent | | |
| 1 | Chicago IL 60606 | Unliquidated | | |
| | City State Zip Code | Disputed | | |
| <u>'</u> | Vho owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| Ī | Debtor 2 only | Type of PRIORITY unsecured claim | n: | |
| } | | | . | |
| 1 | Debtor 1 and Debtor 2 only | Student loans | | |
| | | I I Obligations origing out of a congreti | ion agreement or divorce | |
| | At least one of the debtors and another | Duligations arising out of a separati | ion agreement or arreled | |
| j | | that you did not report as priority cla | ~ | |
| j 1 | Check if this claim relates to a | that you did not report as priority cla | aims | |
|] | Check if this claim relates to a community debt | | aims | |
|] | Check if this claim relates to a community debt s the claim subject to offest? | that you did not report as priority cla Debts to pension or profit-sharing pl | aims | |
| | Check if this claim relates to a community debt | that you did not report as priority cla | aims | |

Record # 667830

Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Case 15-41698 Page 27 of 64 Case Number (if known) <u>ըգբ</u>μment Sarah Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page any entries on this page, number them beginning with 4.4 followed by 4.5, and so forth

| Aiterii | sting any entries on this page, number them b | eginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|----------|--|---|--------------------|
| 4.23 | Palos Community Hospital | Last 4 digits of account number | \$ 1,154.00 |
| | Creditor's Name | 2015 | |
| | 12251 S. 80th Ave. | When was the debt incurred? 2015 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Deleg Heinkie | Contingent | |
| | Palos Heights IL 60463 | Unliquidated | |
| ١ ، | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| [| Debtor 2 only | Type of PRIORITY unsecured claim: | |
| [| Debtor 1 and Debtor 2 only | Student loans | |
| ĺ | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| [| Check if this claim relates to a | that you did not report as priority claims | |
| ' | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | s the claim subject to offest? | _ | |
| | No | Other. Specify Medical/Dental Service | |
| 4.04 | Yes Portfolio Recovery Associates | Last 4 digits of account number | \$ 690.00 |
| 4.24 | Creditor's Name | Last 4 digits of account number | Ψ |
| | 500 W. 1st Ave. | When was the debt incurred? 2015 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Hutchinson KS 67501 | Unliquidated | |
| Ι, | City State Zip Code Who owes the debt? Check one. | Disputed | |
| l i | ¬ | | |
| l i | Debtor 1 only Debtor 2 only | Type of PRIORITY unsecured claim: | |
| l i | Debtor 1 and Debtor 2 only | Student loans | |
| l i | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| l ¦ | Check if this claim relates to a | that you did not report as priority claims | |
| " | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| <u> </u> | s the claim subject to offest? | | |
| | No | Other. SpecifyDebt Owed | |
| | Yes | | |
| 4.25 | Providea Health Partners | Last 4 digits of account number | \$ <u>1,115.00</u> |
| | Creditor's Name 10260 W 191st St. | When was the debt incurred? 2015 | |
| | Number Street | | |
| | Suite 100 | | |
| | - Suite 100 | As of the date you file, the claim is: Check all that apply. | |
| | Mokena IL 60448 | Contingent | |
| | City State Zip Code | Unliquidated | |
| ' | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| ļ | Debtor 2 only | Type of PRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| [| Check if this claim relates to a | that you did not report as priority claims | |
| , | community debt s the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| | No | Other. Specify Medical/Dental Services | |
| | Yes | Office: Specify | |
| | | | |

| | | Case 15-41698 | Doc 1 | | | Desc Main |
|----------|------------|-----------------------------|----------------|-----------|--------------------------------------|-----------|
| Debtor 1 | Sarah | Marie | | Pacument | Page 28 of 64 Case Number (if known) | |
| | First Name | Middle Name | | Last Name | | |
| Part 2: | You | r NONPRIORITY Unsecured Cla | ims - Continua | tion Page | | |
| | | | | | | |

| After lis | sting any entries on this page, number them beg | ginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|-----------|--|---|------------------|
| 4.26 | Sears | Last 4 digits of account number | \$ 622.00 |
| | Creditor's Name | 2011 | |
| | PO Box 20363 | When was the debt incurred? 2011 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Mo. 04405 0202 | Contingent | |
| | Kansas City MO 64195-0363 City State Zip Code | Unliquidated | |
| w | City State Zip Code //ho owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | |
| Ī | Debtor 1 and Debtor 2 only | Student loans | |
| lĒ | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| ΙĒ | Check if this claim relates to a | that you did not report as priority claims | |
| - | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is | the claim subject to offest? | | |
| | No | Other. Specify Credit Card or Credit Use | |
| 4.67 | Yes Stoneberry | Last A dicita of account number | \$ 254.00 |
| 4.27 | Creditor's Name | Last 4 digits of account number | \$ <u>204.00</u> |
| | PO Box 2820 | When was the debt incurred? 2014 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Monroe WI 53566 | Unliquidated | |
| l | City State Zip Code | Disputed | |
| <u>"</u> | /ho owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| L | Check if this claim relates to a | that you did not report as priority claims | |
| ls | community debt the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| | No | Other. Specify Debt Owed | |
| | Yes | Outon oponing | |
| 4.28 | Summit Account Resolution | Last 4 digits of account number | \$ 97.00 |
| | Creditor's Name | 2012 | |
| | PO Box 131 | When was the debt incurred? 2013 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Champlin MN 55316 | Contingent | |
| | | Unliquidated | |
| w | City State Zip Code /ho owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| [| Debtor 2 only | Type of PRIORITY unsecured claim: | |
| [| Debtor 1 and Debtor 2 only | Student loans | |
| [| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Ē | Check if this claim relates to a | that you did not report as priority claims | |
| " | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| ls | s the claim subject to offest? | _ | |
| | No | Other. Specify Credit Card or Credit Use | |
| | Yes | | |

Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Case 15-41698 Page 29 of 64
Case Number (if known) **ը**ջբլment Sarah Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim**

| 4.29 | Syncb/CARE CREDIT | Last 4 digits of account number | NULL | \$ 969.00 |
|-----------|--|--|------------------------------|------------------|
| 0 | Creditor's Name | · _ | | |
| | 950 Forrer Blvd | When was the debt incurred? | 2013-2014 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | | Contingent | | |
| | Kettering OH 45420 | Unliquidated | | |
| | City State Zip Code /ho owes the debt? Check one. | Disputed | | |
| ľ | Debtor 1 only | В | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| } | At least one of the debtors and another | Obligations arising out of a separation | on agreement or divorce | |
| | | that you did not report as priority clai | - | |
| " | Check if this claim relates to a community debt | Debts to pension or profit-sharing pla | | |
| ls | s the claim subject to offest? | Bests to perioder of profit stialing pi | and, and other similar desic | |
| | No | Other. Specify Credit Card or C | Credit Use | |
| | Yes | Strict: openity | | |
| 4.30 | T-Mobile | Last 4 digits of account number | | <u>\$ 563.00</u> |
| | Creditor's Name | | 2012 | |
| | PO Box 742596 | When was the debt incurred? | 2013 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | | Contingent | | |
| | Cincinnati OH 45274-2596 | Unliquidated | | |
| v | City State Zip Code Vho owes the debt? Check one. | Disputed | | |
| Ì | Debtor 1 only | _ | | |
| li | Debtor 2 only | Type of PRIORITY unsecured claim: | | |
| l i | Debtor 1 and Debtor 2 only | Student loans | | |
| l i | At least one of the debtors and another | Obligations arising out of a separation | on agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority clai | | |
| " | community debt | Debts to pension or profit-sharing pla | | |
| ls ls | the claim subject to offest? | | | |
| | No | Other. SpecifyUtility Bills/Cellu | ılar Service | |
| \square | Yes | | | |
| 4.31 | Target/Retailers National Bank | Last 4 digits of account number | | <u>\$ 294.00</u> |
| | Creditor's Name PO Box 59231 | When was the debt incurred? | 2012 | |
| | | when was the dept incurred: | | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | Minneapolis MN 55459-0231 | Contingent | | |
| | City State Zip Code | Unliquidated | | |
| v | /ho owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | | |
| [| Debtor 1 and Debtor 2 only | Student loans | | |
| Ī | At least one of the debtors and another | Obligations arising out of a separation | on agreement or divorce | |
| 7 | Check if this claim relates to a | that you did not report as priority cla | ims | |
| " | community debt | Debts to pension or profit-sharing pla | ans, and other similar debts | |
| ls | s the claim subject to offest? | | | |
| | No | Other. Specify Credit Card or C | Credit Use | |
| | Yes | | | |

Official Form 106E/F

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main

Debtor 1 Sarah Marie Dannyument Page 30 of 64 Case Number (if known) ______

| Pa | Your NONPRIORITY Unsecured Claims - 0 | Continuation Page | |
|-------|--|---|---------------------|
| After | listing any entries on this page, number them b | peginning with 4.4, followed by 4.5, and so forth. | Total Claim |
| 4.32 | - | Last 4 digits of account number | \$ <u>245.00</u> |
| | Creditor's Name | When was the debt incurred? 2014 | |
| | 507 Prudential Rd | when was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Horsham PA 19044 | Unliquidated | |
| | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | | |
| | No | Other. Specify Collecting for Creditor | |
| | Yes | | |
| 4.33 | University of Phoenix | Last 4 digits of account number | \$ 693.00 |
| | Creditor's Name | | |
| | PO Box 29887 | When was the debt incurred? 2013 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | | |
| | Phoenix AZ 85038 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | | |
| | No | Other. Specify | |
| | Yes | Other. Specify | |
| 4.34 | US DEPT OF ED/Glelsi | Last 4 digits of account number 8581 | \$ 11,054.00 |
| 7.07 | Creditor's Name | | |
| | Po Box 7860 | When was the debt incurred? 2012-2015 | |
| | Number Street | | |
| | | As of the date you file the plains in Charle III that souls | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Madison WI 53707 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | = | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | Decre to benefor or bront-ariannal brane, and other annual depre | |
| | No | Other Specific | |
| | Yes | Other. Specify | |
| | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Case 15-41698 Page 31 of 64 Case Number (if known) Dacument Sarah Marie Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Village of Oak Lawn \$ 100.00 Last 4 digits of account number Creditor's Name 2015 9446 S. Raymond When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent 60453-2489 Oak Lawn Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Fines Yes Webbank/Fingerhut NULL \$ 0.00 Last 4 digits of account number 4.36 2013-2014 6250 Ridgewood Rd When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Saint Cloud MN 56303

Official Form 106E/F

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main

Document Page 32 of 64 Sarah Marie Debtor 1

| Part 3: | List Others to Be Notified for a Debt That You | Already Listed | | |
|-------------------------------|---|------------------------------------|--|---|
| example, if 2, then list t | ge only if you have others to be notified about y a collection agency is trying to collect from you the collection agency here. Similarly, if you hav creditors here. If you do not have additional per- | ı for a debt you e more than on | owe to someone else, list the origin the creditor for any of the debts that y | al creditor in Parts 1 or ou listed in Parts 1 or 2, list the |
| Credit Con | trol, LLC | | On which entry in Part 1 or Part 2 | list the original creditor? |
| Name 5757 Phan | tom Dr | _ | Line 1 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | _ | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Hazelwood | i MO | 63042 | Last 4 digits of account number | |
| City | State Zip | Code | | |
| LVNV Fund | ding LLC | _ | On which entry in Part 1 or Part 2 | list the original creditor? |
| Name PO Box 10 | 584 | | Line 2 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | _ | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Croonville | | 29603 | | |
| Greenville | State Zip | | Last 4 digits of account number | |
| Allied Inter | | | On which entry in Part 1 or Part 2 | list the original creditor? |
| Name | | _ | | |
| PO Box 36 Number | 11373 Street | _ | Line 2 of (Check one): | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | | _ | | |
| Columbus | | _43236 | Last 4 digits of account number | |
| City | State Zip | Code | | |
| Encore Re | ceivable Mgmt. | _ | On which entry in Part 1 or Part 2 | list the original creditor? |
| 400 N. Rog | gers Rd. | _ | Line 3 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Olathe | KS | — 66062 | Last 4 digits of account number | |
| City | State Zip | Code | | |
| Midland Cr | redit Management | _ | On which entry in Part 1 or Part 2 | list the original creditor? |
| Name 8875 Aero | Dr., Ste. 200 | | Line 4 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | _ | | Part 2: Creditors with Nonpriority Unsecured Claims |
| 0 Di | 0.4 | | | |
| San Diego City | State Zip | 92123-221 Code | Last 4 digits of account number | |
| | isition Funding | | On which entry in Part 1 or Part 2 | list the original creditor? |
| Name 575 Underl | hill Blvd., Ste. 224 | _ | Line 5 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | _ | | Part 2: Creditors with Nonpriority Unsecured Claims |

Syosset

City

NY 11791

State Zip Code

Last 4 digits of account number _____

| First Name | Middle Name | Last Name | | |
|----------------------------------|-------------|------------|------------------------------------|---|
| Carl Sandburg High School | | _ | On which entry in Part 1 or Part 2 | list the original creditor? |
| Name 13300 South La Grange Rd | | | Line 6 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | _ | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Orland Park | IL | 60462 | Last 4 digits of account number _ | |
| City | State Zip 0 | Code | | |
| FBCS, Inc. | | _ | On which entry in Part 1 or Part 2 | list the original creditor? |
| Name 2200 Byberry Rd Ste 120 | | | Line7 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | _ | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Hatboro | PA | 19040 | Last 4 digits of account number _ | |
| City | State Zip 0 | Code | | |
| Oak Lawn Police Department | | _ | On which entry in Part 1 or Part 2 | list the original creditor? |
| Name PO Box 42034 | | | Line 8 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | - | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Phoenix | AZ | - 85080 | Last 4 digits of account number | |
| City | State Zip 0 | _ Code | | |

Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Case 15-41698

Sarah Debtor 1

Marie

ըջբլment

Page 34 of 64

Add the amounts for each type of unsecured claim.

Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.

| | | | Total claim | |
|--------------|---|-----|-------------|-----------|
| Total claims | 6a. Domestic support obligations | 6a. | \$ | 0.00 |
| nom rait i | 6b. Taxes and Certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | Total claim | |
| Total claims | 6f. Student loans | 6f. | \$ | 30,652.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 17,870.00 |
| | 6j. Total. Add lines 6a through 6d. | 6j. | \$ | 48,522.00 |

| | | | 11609 Doc 1 I | Filad 12/10/15 | Entor | | 12:38:31 | Desc Main | |
|--------------------------|---|---|--|--|----------------------------|-------------------------|------------------|---------------|-------|
| Fil | ll in this in | formation to iden | itify your case: | | | 5 of 64 | | | |
| D | ebtor 1 | Sarah | Marie | Laning | - | | | | |
| De | ebtor 2 | First Name | Middle Name | Last Name | | | | | |
| | pouse, if filing) | First Name | Middle Name | Last Name | - | | | | |
| Uı | nited States | Bankruptcy Court fo | r the : <u>NORTHERN</u> District of _ | | | | | | |
| | ase Number | | | (State) | | | | Check if this | |
| | f known) | orm 106C | | | | | | amended filir | ng |
| | | orm 106G | ory Contracts and | | | | | | 12/15 |
| Be as nforr additi | complete nation. If n ional page: Oo you hav | and accurate as nore space is need s, write your nam e any executory | possible. If two married people deded, copy the additional page the and case number (if known) contracts or unexpired leases' submit this form to the court with | e are filing together, bot , fill it out, number the e ? | h are equal ntries, and | attach it to this page. | On the top of a | iny | |
| | _ | | mation below even if the contrac | | | | | | |
| | | | | | | | | | |
| | | | or company with whom you hat cell phone). See the instruction | | | | | | |
| u | nexpired le | eases. | | | | | | | |
| | Person or | company with w | hom you have the contract or | ease | | State what the | contract or leas | e is for | |
| 2.1 | | | | | | | | | |
| | Name | | | | _ | | | | |
| | Number | Street | | | _ | | | | |
| | City | | State Zip | Code | _ | | | | |
| 2.2 | | | | | | | | | |
| | Name | | | | _ | | | | |
| | Number | Street | | | _ | | | | |
| | City | | State Zip | Code | _ | | | | |
| 2.3 | | | | | | | | | |
| | Name | | | | _ | | | | |
| | Number | Street | | | _ | | | | |
| | City | | State Zip | Code | _ | | | | |
| 2.4 | | | | | | | | | |
| | Name | | | | _ | | | | |
| | Number | Street | | | _ | | | | |
| | City | | State Zip | Code | _ | | | | |
| 2.5 | | | | | | | | | |
| | Name | | | | _ | | | | |
| | Number | Street | | | _ | | | | |

State Zip Code

City

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main

| Fill in this in | formation to ider | ntify your case: | |
|---------------------|----------------------|--|--------------------|
| Debtor 1 | Sarah | Marie | Laning |
| | First Name | Middle Name | Last Name |
| Debtor 2 | - | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court for | or the : <u>NORTHERN</u> District of <u>II</u> | LLINOIS (State) |
| Case Number | | | (Glate) |
| (If known) | | | |

Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any Additional Pages, write your name and case number (if known). Answer every question. | | | | | | |
|---|---|---------------------------|-----------------------------------|-----------------------------|--|--|
| 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) | | | | | | |
| | No. | | | | | |
| | Yes | | | | | |
| | Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Lousiiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) | | | | | |
| A | No. Go to line 3. | | | | | |
| - | | | se, or legal equivalent live with | you at the time? | | |
| L | ☐ No | | | | | |
| | Yes. Inwhich community state or territory did you live? | | | Fill in th | Fill in the name and current address of that person. | |
| | | | | | | |
| | Name of your spouse, former spouse or legal equivalent | | | | | |
| | Number | Street | | | | |
| | City | | State | Zip Code | | |
| 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person | | | | | | |
| shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule | | | | | | |
| | | or Schedule G to fill out | • | -), or Schedule G (Official | Form 106G). Use Schedule D, | |
| | Column 1: V | our codebtor | | | Column 2: The creditor to whom you owe the debt | |
| | Column 1. 1 | our codebior | | | Check all schedules that apply: | |
| 3.1 | | | | | | |
| 3.1 | Name | | | | Schedule D, line | |
| | | | | | Schedule E/F, line | |
| | Number | Street | | | Schedule G, line | |
| | City | | State | Zip Code | | |
| 3.2 | | | | | Schedule D, line | |
| | Name | | | | Schedule E/F, line | |
| | Number | Street | | | Schedule G, line | |
| | City | | State | Zip Code | | |
| 3.3 | | | | | Schedule D, line | |
| | Name | | | | Schedule E/F, line | |
| | Number | Street | | | Schedule G, line | |
| | City | | State | Zip Code | | |

Official Form 106H Record # 667830 Schedule H: Your Codebtors Page 1 of 1

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main

| | | | DOGUINEIN FAUE | 37 UI U4 |
|---------------------|----------------------|-----------------------------|----------------|-------------------------------------|
| Fill in this in | formation to iden | tify your case: | | |
| Debtor 1 | Sarah | Marie | Laning | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for | r the : NORTHERN DISTRICT C | DF ILLINOIS | |
| | . , | | | 0 |
| Case Number | | | <u> </u> | Check if this is: |
| (If known) | | | | An amended filing |
| | | | | A supplement showing post-petition |
| | | | | chapter 13 income as of the followi |

Official Form 106I

MM / DD / YYYY

following date:

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Tt 1: Describe Employment | | | | |
|----|---|---|-----------------------------------|-------------------|-----------------------------------|
| 1. | Fill in your employment information | | Debtor 1 | | Debtor 2 or non-filing spouse |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | X Employed Not employed | ı | Employed Not employed |
| | Include part-time, seasonal, or self-employed work. | Occupation | Certified Medical | Assistant | |
| | Occupation may Include student or homemaker, if it applies. | Employers name | Premier Orthopae | dic & Hand Center | |
| | | Employers address | 19801 Governors Flossmoor, IL 604 | | |
| | | Harrison analysis differen | | | |
| Do | Tt 2: Give Details About Monthl | How long employed there? | 2.5 Years | | |
| Fa | Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse has lines below. If you need more space | ne date you file this form. If you h | oine the information for a | | |
| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse |
| 2. | List monthly gross wages, salar deductions). If not paid monthly, c | y and commissions (before all pa calculate what the monthly wage w | • | \$2,482.50 | \$0.00 |
| 3. | Estimate and list monthly overting | me pay. | | \$0.00 | \$0.00 |
| 4. | Calculate gross income. Add line | e 2 + line 3. | | \$2,482.50 | \$0.00 |

 Official Form 106I
 Record # 667830
 Schedule I: Your Income
 Page 1 of 2

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Page 38 of 64

Document Sarah Marie Case Number (if known) Debtor 1 First Name Middle Name Last Name

| 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Social | |
|---|--------|
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. So. 0.00 5c. Voluntary contributions for retirement fund loans 5d. \$0.00 \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 \$0.00 5e. Insurance 5e. \$154.87 \$0.00 5f. Domestic support obligations 5f. \$0.00 \$0.00 5g. Union dues 5g. \$0.00 \$0.00 5h. Other deductions. Specify: 5h. \$0.00 \$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$660.79 \$0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8a. Net income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive lnclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. \$0.00 | |
| 5c. Voluntary contributions for retirement plans 5d. \$0.00 \$0.00 \$5d. Required repayments of retirement fund loans 5d. \$0.00 \$0.00 \$5e. Insurance 5e. \$154.87 \$0.00 \$5. Domestic support obligations 5f. \$0.00 \$5g. Union dues 5g. \$0.00 \$5h. Other deductions. Specify: 5h. \$0.00 \$0.00 \$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$660.79 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive lnclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: 5h. \$0.00 5g. Union dues 5h. Other deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| 5e. Insurance 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. Union dues 5h. Other deductions. Specify: 5h. \$0.00 5h. Other deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$660.79 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,821.71 \$0.00 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive linclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| 5f. Domestic support obligations 5g. Union dues 5g. \$0.00 | |
| 5g. Union dues 5g. So.00 \$0.00 5h. Other deductions. Specify: | |
| 5h. Other deductions. Specify: | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$0.00 \$0.00 8b. Interest and dividends 8c. \$0.00 \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$0.00 \$0.00 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$0.00 \$0.00 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$0.00 \$0.00 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| 8b. Interest and dividends 8b. \$0.00 \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| 8c. Family support payments that you, a non-filing spouse, or a 8c. \$0.00 \$0.00 dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | |
| | |
| 8d. Unemployment compensation 8d. \$0.00 | |
| | |
| 8e. Social Security 8e. \$0.00 \$0.00 | |
| 8f. Other government assistance that you regularly receive 8f. \$0.00 \$0.00 | |
| Include cash assistance and the value (if known) of any non-cash | |
| assistance that you receive, such as food stamps (benefits under the | |
| Supplemental Nutrition Assistance Program) or housing subsidies. | |
| Specify: | |
| 8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. Specify: 8h. \$0.00 \$0.00 | |
| \$ | |
| 9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0.00 | |
| 10. Calculate monthly income . Add line 7 + line 9. | \$1,82 |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | \$1,82 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. | |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. | \$0 |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | \$1,82 |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. 13. Do you expect an increase or decrease within the year after you file this form? | |
| за на | |

| Fill in this ir | formation to identify yo | ur case: | | | | |
|---------------------------------|---|---|-----------------------------|---|---|-------------------------------|
| Debtor 1 | Sarah | Marie | Laning | Check if this is: | | |
| | First Name | Middle Name | Last Name | An amende | · · | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | ent showing post- of the following d | petition chapter 13 |
| United States | Bankruptcy Court for the : _ | NORTHERN DISTRICT (| OF ILLINOIS | | | atc. |
| Case Numbe (If known) | r | | | MM / DD / ` | YYYY | |
| | | | | A separate | filing for Debtor 2 | 2 because Debtor 2 |
| Official F | orm 106J | | | maintains a | separate house | hold. |
| Schedul | e J: Your Exp | oenses | | | | 12/14 |
| - | - | | | are equally responsible for supplyinges, write your name and case num | _ | |
| Part 1: | Describe Your Household | | | | | |
| | Go to line 2. Does Debtor 2 live in a s No. | eparate household? I file a separate Schedu | le J. | | | |
| 2. Do you | nave dependents? | No No | | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not li Debtor 2 | st Debtor 1 and | | this information for dent | | 19 | No |
| | tate the dependents' | | | Son | | X Yes |
| names. | | | | | | X No |
| | | | | | | Yes |
| | | | | | | |
| | | | | | | Yes |
| | | | | | | Yes |
| | | | | | | X No |
| | | | | | | Yes |
| _ | expenses include | X No | | | | |
| | s of people other than and your dependents? | Yes | | | | |
| Part 2: | Estimate Your Ongoing Mo | onthly Expenses | | | | |
| Estimate your | expenses as of your ba | nkruptcy filing date un | less you are using this for | m as a supplement in a Chapter 13 o | case to report | |
| expenses as of the applicable | | ptcy is filed. If this is a | supplemental Schedule J | , check the box at the top of the forr | n and fill in | |
| Include expen | ses paid for with non-ca | = | ance if you know the value | | | |
| of such assist | ance and have included | it on Schedule I: Your | Income (Official Form 106 | l.) | Y | our expenses |
| | | xpenses for your resid | ence. Include first mortgag | e payments and | | \$250.00 |
| _ | for the ground or lot. cluded in line 4: | | | | 4 | φ230.00 |
| | eal estate taxes | | | | 4 a. | \$0.00 |
| | operty, homeowner's, or r | enter's insurance | | | 4b. | \$0.00 |
| | ome maintenance, repair, | | | | 4c. | \$75.00 |
| 4d. Ho | omeowner's association o | r condominium dues | | | 4d. | \$0.00 |
| | | | | | | |

Case 15-41698 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Doc 1

Document Page 40 of 64 Sarah Marie Debtor 1 Case Number (if known) _ First Name Middle Name Last Name

| | | | Your expens | es |
|-----|---|------|-------------|----------|
| 5. | Additional Mortgage payments for your residence, such as home equity loans | 5. | | \$0.00 |
| 6. | Utilities: | | | |
| | 6a. Electricity, heat, natural gas | 6a. | | \$0.00 |
| | 6b. Water, sewer, garbage collection | 6b. | | \$0.00 |
| | 6c. Telephone, cell phone, internet, satellite, and cable service | 6c. | | \$115.00 |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. | | \$450.00 |
| 3. | Childcare and children's education costs | 8. | | \$0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | | \$75.00 |
| 10. | Personal care products and services | 10. | | \$70.00 |
| 11. | Medical and dental expenses | 11. | | \$100.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | | \$490.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | | \$0.00 |
| 14. | Charitable contributions and religious donations | 14. | | \$0.00 |
| 15. | Insurance. | | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | | \$0.00 |
| | 15b. Health insurance | 15b. | | \$0.00 |
| | 15c. Vehicle insurance | 15c. | | \$70.00 |
| | 15d. Other insurance. Specify: | 15d. | | \$0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| | Specify: | 16. | | \$0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | | \$0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | | \$0.00 |
| | 17c. Other. Specify: | 17c. | | \$0.00 |
| | 17d. Other. Specify: | 17d. | | \$0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted | | | |
| | from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | | \$0.00 |
| 19. | Other payments you make to support others who do not live with you. | | | |
| | Specify: | 19. | | \$0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | | | | |

Official Form 106J Record # 667830 Schedule J: Your Expenses Page 2 of 3

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 41 of 64

Sarah Marie Debtor 1 Case Number (if known) _ First Name Middle Name Last Name \$160.00 21. Other. Specify: Postage/Bank Fees (\$10.00), Student Loans (\$150.00), 21. \$1,855.00 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$1,821.71 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$1,855.00 23b. Copy your monthly expenses from line 22 above. 23b.--\$33.29 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

Official Form 106J Record # 667830 Schedule J: Your Expenses Page 3 of 3

| Fill in this in | formation to ident | tify your case: | |
|---------------------------------------|--------------------|-----------------------------------|---------------------|
| Debtor 1 | Sarah | Marie | Laning |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Case Number (If known) | | the : <u>NORTHERN</u> District of | ILLINOIS (State) |

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|---|
| Did you nay or agree to pay someone who is NO | T an attorney to help you fill out bankruptcy forms? |
| No | an action of to holp you mit out summapley former. |
| Yes. Name of Person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| | |
| | |
| Under penalty of perjury, I declare that I have re correct. | d the summary and schedules filed with this declaration and that they are true and |
| | |
| /s/ Sarah Marie Laning Signature of Debtor 1 | Signature of Debtor 2 |
| 40/00/0045 | |
| Date 12/02/2015 MM / DD / YYYY | Date |
| | |

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 43 of 64

| | | | 2001110111 | 40 IO V |
|---------------------|---------------------|--------------------------------------|------------|---------|
| Fill in this in | nformation to ider | itify your case: | | |
| | | | | |
| Debtor 1 | Sarah | Marie | Laning | . |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| (opodoo, ii iiiiig) | Tilot Namo | made Name | Last Hamo | |
| United States | Bankruptcy Court fo | or the : <u>NORTHERN</u> District of | ILLINOIS | |
| | | | (State) | |
| Case Number | r | | _ | |
| (If known) | | | | |
| | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| num | per (if known). Answer every question. | | , , | |
|-----|--|-------------------------------|---|-------------------------------|
| | Give Details About Your Marital Status and Where Yo | I hard Bafana | | |
| | What is your current marital status? | u Lived Before | | |
| | - | | | |
| | Married | | | |
| | Not married | | | |
| 02 | During the last 3 years, have you lived anywhere other tha | n where you live nov | v? | |
| | No. | , | | |
| | Yes. List all of the places you lived in the last 3 years. Do | not include where ye | ou live now. | |
| | | | | |
| | Debtor 1 | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
| 03 | Within the last 8 years, did you ever live with a spouse or I | | community property state or territory? (Community | iived there |
| | property states and territories include Arizona, California, and Wisconsin.) | | | |
| | No. | | | |
| | Yes. Make sure you fill out Schedule H: Your Codebtors (| Official Form 106H). | | |
| | | | | |
| | Explain the Sources of Your Income | | | |
| | Explain the doubles of Your modific | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 44 of 64

Debtor 1 Sarah Marie Laning Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, \$26,352 YTD Wages, commissions, From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$25,349 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2014) Operating a business Operating a business Wages, commissions, \$22,500 Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2013) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 45 of 64

Sarah Marie Laning Case Number (if known) _ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid owe 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Nο Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment Include creditor's name Identify Legal actions, Repossessions, and Foreclosures Part 4: Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No. Yes. Fill in the details. Nature of the case Status of the case Court or agency 10 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11 Yes. Fill in the information below.

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 46 of 64

| Debte | or 1 | Sarah | Marie | Laning | Case Number (if kno | wn) | |
|-------|---------|------------------------------|---|------------------------------------|---|--------------------------|---|
| | | First Name | Middle Name | Last Name | | | |
| 11 | | | e you filed for bankruptcy, dic payment because you owed a | | or financial institution, set off any | amounts from y | our accounts |
| | | No. Go to line 11 | | | | | |
| | | Yes. Fill in the info | ormation below. | | | | |
| 12 | | - | you filed for bankruptcy, was iver, a custodian, or another c | | ession of an assignee for the ber | nefit of creditors, | a |
| | ☐ Y | | | | | | |
| P | art 5: | List Certain 0 | Gifts and Contributions | | | | |
| 13 | With | nin 2 years before | you filed for bankruptcy, did | you give any gifts with a total v | alue of more than \$600 per perso | n? | |
| | | No. | | | | | |
| | _ | Yes. Fill in the det | | | | | |
| 14 | With | nin 2 years before | you filed for bankruptcy, did | you give any gifts or contribution | ons with a total value of more tha | n \$600 to any cha | arity? |
| | _ | No. | | | | | |
| | Ц | Yes. Fill in the det | tails for each gift. | | | | |
| P | art 6: | List Certain L | .osses | | | | |
| 15 | | nin 1 year before abling? | you filed for bankruptcy or si | nce you filed for bankruptcy, dic | you lose anything because of th | eft, fire, other dis | saster, or |
| | | No. | | | | | |
| | | Yes. Fill in the det | tails for each gift. | | | | |
| F | Part 7: | List Certain F | Payments or Transfers | | | | |
| 16 | abo | ut seeking bankr | uptcy or preparing a bankrupt | cy petition? | ur behalf pay or transfer any prop es for services required in your ba | | ou consulted |
| | | No. Yes. Fill in the det | tails | | | | |
| | F | Party Contact Info | 0 | Description and value of any | property transferred | Date payment or transfer | Amount of payment |
| | | Geraci Law L.L.0 | C | | | | Payment/Value: |
| | | 55 E. Monroe St | reet #3400 | | | | \$2,095.00: \$565.00 paid prior to filing, |
| | | Chicago,IL 6060 | 3 | | | | balance to be paid after case filing. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 47 of 64

 Debtor 1
 Sarah
 Marie
 Laning
 Case Number (if known)

 First Name
 Middle Name
 Last Name

| | Party Contact Info | Description and value of | any property transferred | Date pa or trans | - | of payment |
|----|--|-------------------------------------|-------------------------------|--|--|------------|
| | Hananwill Credit Counseling | Credit Counseling Services | 3 | 2015 | \$25.00 | |
| | 115 N. Cross St. | | | | | |
| | Robinson, IL 62454 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that y | s or to make payments to your cre | | sfer any property to a | nyone who | |
| | No. | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | | | | | |
| | Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu | | transfer any property to | anyone, other than | property | |
| | Include both outright transfers and transfers Do not include gifts and transfers that you ha | made as security (such as the gra | | est or mortgage on y | our property). | |
| | No. | | | | | |
| | Yes. Fill in the details for each gift. | | | | | |
| | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-pr | | to a self-settled trust or s | similar device of whic | ch you are a | |
| | No. | | | | | |
| | Yes. Fill in the details for each gift. | | | | | |
| Pa | List Certain Financial Accounts, Instru | ments, Safe Deposit Boxes, and Sto | rage Units | | | |
| 20 | Within 1 year before you filed for bankruptcy sold, moved, or transferred? | , were any financial accounts or in | nstruments held in your | name, or for your ber | nefit, closed, | |
| | Include checking, savings, money market, or houses, pension funds, cooperatives, associ | | - | n banks, credit union | s, brokerage | |
| | No. | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | |
| | | | | | | |
| 21 | Do you now have, or did you have within 1 yo cash, or other valuables? | ear before you filed for bankruptcy | y, any safe deposit box o | r other depository fo | r securities, | |
| | No. | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | Who else had access to it? | Describe the conte | nts | Do you still have it? | |
| 22 | Have you stored property in a storage unit of | r place other than your home with | n 1 year before you filed | for bankruptcy? | | |
| | ■ No. | | - | - | | |
| | Yes. Fill in the details. | | | | | |
| | _ | Who else has or had access to it? | Describe the conte | nts | Do you still have it? | |
| | | | | | | |
| | | | | | | |

Filed 12/10/15 Case 15-41698 Doc 1 Entered 12/10/15 12:38:31 Desc Main Page 48 of 64 Document Sarah Marie Laning Case Number (if known) First Name Middle Name Last Name **Identify Property You Hold or Control for Someone Else** Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No. Yes. Fill in the details. Where is the property? Describe the property Value Debtor drives a Chevy HHR that is Debtor's Father Debtor's Residence titled in her father's name. **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24 Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 25 Have you notified any governmental unit of any release of hazardous material? No. Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice 26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. Court or agency Nature of the case Status of the case

Part 11:

Give Details About Your Business or Connections to Any Business

| A sole proprietor or s | lf-employed in a trade, profession, or other activity, either full-time or part-time |
|---------------------------|--|
| A member of a limited | liability company (LLC) or limited liability partnership (LLP) |
| A partner in a partner | hip |
| An officer, director, o | managing executive of a corporation |
| An owner of at least 5 | 6 of the voting or equity securities of a corporation |
| _ | |
| No. None of the above ap | iles. Go to Part 12. |
| Yes. Check all that apply | bove and fill in the details below for each business. |

27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 49 of 64

| Debtor 1 | Sarah | Marie | Laning | Case Number (if known) |
|----------|--|---------------------------------------|-----------------------------------|--|
| | First Name | Middle Name | Last Name | · · · · · · · · · · · · · · · · · · · |
| | thin 2 years before y titutions, creditors, | · · · · · · · · · · · · · · · · · · · | you give a financial statement | to anyone about your business? Include all financial |
| | No. | | | |
| | Yes. Fill in the detail | ils. | | |
| | | Date is | sued | |
| Part 12 | Sign Below | | | |
| | .S.C. §§ 152, 1341, 1 | | • | |
| X | /s/ Sarah Marie L | | <u></u> Signature of | EDaldar 2 |
| | Signature of Debtor | 1 | Signature of | Deptol 2 |
| | Date 12/02/2015 | | Date | |
| | MM / DD / | YYYY | MM | / DD / YYYY |
| | No Yes you pay or agree to | | of Financial Affairs for Individu | nals Filing for Bankruptcy (Official Form 107)? |
| | Yes. Name of perso | on | | Attach the Bankruptcy Petition Preparer's Notice, |
| | | | | Declaration, and Signature (Official Form 119). |

Eilod 12/10/15 Entered 12/10/15 12:38:31 Desc Main Fill in this information to identify your case: Marie Laning Sarah Debtor 1 Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse, if filing) United States Bankruptcy Court for the : <u>NORTHERN DISTRICT OF ILLINOIS EASTERN</u> DIVISION District of ILLINOIS Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

List Your Creditors Who Have Secured Claims

- creditors have claims secured by your property, or
- \blacksquare you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors,

whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? Surrender the property No Creditor's name: Santander Consumer USA Retain the property and redeem it ☐ Yes Retain the property and enter into a 2010 Kia Rio with over 65,000 miles Description of Reaffirmation Agreement. property securing debt: Retain the property and [explain]: ____ ☐ Surrender the property □ No Creditor's name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: securing debt: □ No Creditor's ☐ Surrender the property name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: securing debt: Creditor's Surrender the property ☐ No name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: ____ securing debt:

Debtor 1

Part 2:

Sarah

Case 15-41698

Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Page 51 of 64 Uniber (if known)

First Name

| List | Your | Unexpired | Personal | Property | Leases |
|------|------|-----------|----------|-----------------|--------|
| | | | | | |

| For any unexpired personal property lease that you listed in Scho | edule G: Executory Contracts and Unexpired Leases (Official Form 10 | 96G), | | | | | |
|---|---|----------------------------|--|--|--|--|--|
| | ired leases are leases that are still in effect; the lease period has not y | | | | | | |
| nded. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). | | | | | | | |
| | | | | | | | |
| Describe your unexpired personal property leases | | Will the lease be assumed? | | | | | |
| Lessor's name: | | □ No | | | | | |
| | | Yes | | | | | |
| Description of leased | | ☐ 1C3 | | | | | |
| property: | | | | | | | |
| | | | | | | | |
| Lessor's name: | | □ No | | | | | |
| Description of leased | | Yes | | | | | |
| property: | | | | | | | |
| r -r- 9 | | | | | | | |
| Lessor's name: | | □No | | | | | |
| | | Yes | | | | | |
| Description of leased | | ☐ fes | | | | | |
| property: | | | | | | | |
| | | _ | | | | | |
| Lessor's name: | | □No | | | | | |
| | | ☐Yes | | | | | |
| Description of leased | | | | | | | |
| property: | | | | | | | |
| Lessor's name: | | □No | | | | | |
| Eddor o Hame. | | ∐Yes | | | | | |
| Description of leased | | ∟Yes | | | | | |
| property: | | | | | | | |
| | | | | | | | |
| Lessor's name: | | □No | | | | | |
| | | ☐Yes | | | | | |
| Description of leased | | | | | | | |
| property: | | | | | | | |
| Lessor's name: | | □No | | | | | |
| Lessoi s fidille. | | | | | | | |
| Description of leased | | Yes | | | | | |
| property: | | | | | | | |
| | | | | | | | |
| Part 3: Sign Below | | | | | | | |
| Part 3: Sign Below | | | | | | | |
| Under penalty of perjury, I declare that I have indicated my intention | on about any property of my estate that secures a debt and any | | | | | | |
| personal property that is subject to an unexpired lease. | | | | | | | |
| | | | | | | | |
| | Signature of Debtor 2 | | | | | | |
| Signature of Debtor 1 | Signature of Debtor 2 | | | | | | |
| Date_Dated: 12/02/2015 | Date | | | | | | |
| MM / DD / YYYY | MM / DD / YYYY | | | | | | |

Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Case 15-41698 Page 52 of 64 Document

B2030 (Form 2030) (12/15)

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In re | | | | | | | | |
|------------------------------|--------------------|---|--------------|-------------------|--------------------|--------------|---------------------|------------------------|
| Sarah Marie L | aning / De | btor | | | | Case No: | | |
| | | | | | | Chapter: | Chapter 7 | |
| | | DISCLOSURE (| OF COMP | PENSATION (| OF ATTORNEY | FOR DEE | BTOR | |
| compensation p | paid to me w | § 329(a) and Fed. Bankr. P vithin one year before the fil on behalf of the debtor(s) in | ing of the | petition in ban | kruptcy, or agree | d to be paid | d to me, for servi | ces |
| For legal | services, I h | nave agreed to accept | | \$2,095.00 | | | | |
| Prior to th | he filing of t | his statement I have receive | d : | \$565.00 | | | | |
| Balance I | Due | | | \$1,530.00 | | | | |
| 2. The source | e of the con | npensation paid to me was: | | | | | | |
| Deb | otor(s) | Other: (specify | | | | | | |
| 3. The source | e of comper | nsation to be paid to me is: | | | | | | |
| De | ebtor(s) | Other: (specify | | | | | | |
| 4. I have of my law firm | | to share the above-disclose | ed compen | sation with any | other person un | less they ar | re members and a | ssociates |
| I hav | e agreed to | share the above-disclosed co | ompensatio | on with a other | person or person | ns who are i | not members or a | ssociates |
| 5. In return for case, inclu | | e-disclosed fee, I have agree | d to rende | er legal service | for all aspects of | the bankrup | ptcy | |
| a. Analy | ysis of the d | ebtor's financial situation, a | and render | ing advice to the | ne debtor in deter | mining who | ether to file a pet | ition in |
| b. Prepa | aration and t | filing of any petition, schedu | ıles, staten | ments of affairs | and plan which i | may be requ | uired; | |
| c. Repre | esentation o | f the debtor at the meeting of | f creditors | s and confirmat | tion hearing, and | any adjour | ned hearings ther | reof; |
| 6. By agreem | nent with the | e debtor(s), the above-disclo | sed fee do | oes not include | the following ser | vice: | | |
| | | ude missed meeting or or ances, dischargeability action | | | | - | - | conversions to another |
| | | | CEI | RTIFICATION | N | | | |
| | | ify that the foregoing is a co | mplete sta | atement of any | agreement or arra | angement fo | or | |
| | payment me for rep | presentation of the debtor(s) | in this ba | nkruptcy proce | edings. | | | |
| | | 12/10/2015 | | Cecil Denard | - | _ | | |
| | Date | | Siz | gnature of Atto | rney | | | |
| | | | <u>_G</u> | Geraci Law L.L. | .C. | | | |

Page 1 of 1 667830 Record #

Name of law firm

National Headquarters: 55 E. Monroe Street, #3400 Chicago, IL 60603

help@geracilaw.com

Date: 7/24/2015

Consultation Attorney:

Record #: 667-830



Chapter 7 Retainer Agreement

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter7 bankruptcy under the following terms and conditions:

Attorney fees for the Chapter 7 bankruptcy are \$ This amount does NOT INCLUDE court filing fees of \$335, or costs for credit counseling or financial management classes. This fee is based on the anticipated amount of work required to complete my case, and upon the information I have provided to date. If any information is incomplete or incorrect, the advice or Chapter may have to change, and this fee may have to be adjusted. This fee includes all work in the representation of my normal Chapter 7, including preparation of my bankruptcy petition, schedules and other documents, first 341 meeting, reaffirmations, normal correspondence with my creditors and myself, but does NOT include excessive work caused by you, missed 341 meetings, reopening the case, amendments to schedules, work on audits or asset cases, objections to exemptions, conversion to another chapter, evidentiary hearings, other contested matters or motions, or adversary proceedings, because these cannot be predicted in setting a flat fee. For work done on these matters, we bill between \$275/hr and \$450/hr for attorney time, based on the attorney doing the work, and \$85 to \$125/hr paralegal time. I agree that more than one attorney and paralegal will work on my case.

Fees are "flat fees" and "advance payment retainers" for pre-filing work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". You may elect to be billed on an hourly basis, but we have found a flat fee is cheaper and benefits you. If this contract is terminated by either party prior to the filing of the case, the firm will refund unearned fees based on the above rates with an accounting, and on request, submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed.

I understand that bankruptcy laws only allow me to protect a certain amount of my property, and if I have any unprotected property, I understand my Chapter 7 Trustee can sell it if I do not or cannot buy out the Trustee's interest and that the U.S. Trustee may object to my filing a Chapter 7 if they believe I have excess income and should be filing a Chapter 13.

I agree to fully cooperate with my attorneys and provide all information requested at any point during the case. I understand that if I do not fully cooperate or provide complete and accurate information, my attorneys may withdraw from representation of me, with the permission of the Court.

If I have secured debts that I wish to retain (mortgages, financed vehicles or other financed property) that I may be required to sign a reaffirmation agreement with the creditor in order to keep the property, and I must remain current on my payments. Many mortgage and car companies refuse to reaffirm the debt but we have found that if you keep up your payments you keep the property anyway.

Debts not discharged if they not paid in full: student loans; educational debts & tuition; most tax debts: unfiled, trust fund or late filed tax; undisclosed debts; support/maintenance debts; fines, debts incurred by fraud, or after the case is filed, future condo/HOA dues,or debts listed in your red or green folder as usually not discharged, or found non-dischargeable by a Judge.

Representation limited to Bankruptcy Court We don't represent you in state court, or loan modifications or similar matters.

I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition.

I understand that if I fail to take my financial management class after filing but before discharge, my case may be closed without a discharge, and I will be required to pay fees and costs to have it reopened. I have received the 11 U.S.C § 527(a) disclosures.

Dated Laning(Deb (Joint Debtor)

Attorney for the Debtor(s), Representing Geraci Law L.L.C. rev 150511

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 54 of 64

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Sarah Marie Laning / Debtor

Bankruptcy Docket #:

Judge:

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 12/02/2015 /s/ Sarah Marie Laning

Sarah Marie Laning

X Date & Sign

Record # 667830 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Desc Main

B 201A (Form 201A) (11/11)

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

B 201A (Form 201A) (11/11) 667830 Page 1 of 2 Record #

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Page 56 of 64

Form B 201A, Notice to Consumer Debtor(s)

Document In re Sarah Marie Laning / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 12/02/2015 | /s/ Sarah Marie Laning | | |
|-------------------|-----------------------------|---|--|
| | Sarah Marie Laning | _ | |
| | | | |
| | | | |
| D 1 1 40/40/0045 | Is I Cool Down and Communic | | |

Dated: 12/10/2015 /s/ Cecil Denard Scruggs

Attorney: Cecil Denard Scruggs

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 57 of 64

| Debtor | 1 Sarah First Name | Marie Middle Name | Laning Last Name | Case Number (if | known) |
|--------------|--|--|---|--|---|
| | FRECTALINE | Middle Name | Last Name | | |
| Part | 6: Answer These Questio | ns for Reporting Purposes | | | |
| | What kind of debts do you have? | as "incurred by No. Go to Yes. Go to 16b. Are your det money for a bu No. Go to Yes. Go to | y an individual primarily for a p line 16b. o line 17. ots primarily business de usiness or investment or throu- line 16c. o line 17. | ebts? Consumer debts are deforersonal, family, or household possible. bts? Business debts are debts up the operation of the business debts are debts or business deconsumer debts or business deconsumer debts or business de | that you incurred to obtain |
| 17. | Are you filing under | П | | | |
| (| Chapter 7? | _ | filing under Chapter 7. Go to | | |
| 6 6 6 | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution o unsecured creditors? | ■ Yes. I am filing administr □ No. □ Yes. | j under Chapter 7. Do you es ative expenses are paid that | stimate that after any exempt pr funds will be available to distrib | roperty is excluded and ute to unsecured creditors? |
| 18. i | low many creditors do | 1-49 | 1 ,00 | 00-5,000 | 25,001-50,000 |
| _ | ou estimate that you owe? | ☐ 50-99 ☐ 100-199 ☐ 200-999 | | 01-10,000 101-25,000 | ☐ 50,001-100,000 ☐ More than 100,000 |
| e | low much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100, \$100,001-\$500 \$500,001-\$1 m | 000 | 000,001-\$10 million ,000,001-\$50 million ,000,001-\$100 million ,000,001-\$500 million | □\$500,000,001-\$1 billion □\$1,000,000,001-\$10 billion □\$10,000,000,001-\$50 billion □More than \$50 billion |
| e | low much do you estimate your liabilities o be? | □ \$0-\$50,000 ■ \$50,001-\$100, □ \$100,001-\$500 □ \$500,001-\$1 m | 000 | 00,001-\$10 million 000,001-\$50 million 000,001-\$100 million 0,000,001-\$500 million | □\$500,000,001-\$1 billion □\$1,000,000,001-\$10 billion □\$10,000,000,001-\$50 billion □More than \$50 billion |
| Part 7 | 7: Sign Below | | | | |
| For yo | ou | correct. If I have chosen to fill of title 11, United Staunder Chapter 7. If no attorney represe this document, I have | e under Chapter 7, I am awar ites Code. I understand the re ents me and I did not pay or a e obtained and read the notice | lief available under each chapt | , under Chapter 7, 11,12, or 13 er, and I choose to proceed of an attorney to help me fill out o). |
| | | | se can result in fines up to \$2 141, 1519, and 3571. | 50,000, or imprisonment for up | ure of Debtor 2 |

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 58 of 64

| Fill in this in | formation to ide | entify your case: | | |
|---------------------------|------------------|---|---------------------------------------|---|
| Debtor 1 | Sarah | Marie | Laning | |
| | First Name | Middle Name | Last Name | _ |
| Debtor 2 | | | · · · · · · · · · · · · · · · · · · · | _ |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| | | for the : <u>NORTHERN</u> District of _ | ILLINOIS (State) | |
| Case Number (if known) | | | | |
| | | | ** | |

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|---|
| Did. | |
| Did you pay or agree to pay someone who is NOT an attorney to help you | ou fill out bankruptcy forms? |
| ■ No | |
| Yes. Name of Person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| | |
| | |
| Under penalty of perjury, I declare that I have read the summary and sci | nedules filed with this declaration and that they are true and |
| correct | |
| " think a | |
| Signature of Debtor 1 | nature of Debtor 2 |
| 17 | |
| Date / C /2015 Date | MM / DD / YYYY |
| | |

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 59 of 64

| Debtor 1 | tor 1 Sarah Marie Laning Case Number (if known) | | Case Number (if known) | |
|-----------------|---|---|--|---|
| | First Name | Middle Name | Last Name | |
| | | Desc | ribe the nature of the business | Employer Identification number Do not include Social Security number or |
| | | | | |
| | | | | EIN: |
| | | | | |
| | | Name | of accountant or bookkeeper | Dates business existed |
| | | *** | | From To |
| | | | | |
| | | monooccan | | manus and a second a |
| 28 Witi inst | hin 2 years before itutions, creditors | you filed for bankruptcy, did , or other parties. | l you give a financial statement to | anyone about your business? Include all financial |
| | No. | | | |
| = | Yes. Fill in the deta | ails. | | |
| _ | | Date is | sued | |
| | | 5302.000,000 | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| | | | | |
| | | | | |
| Part 12: | Sign Below | | | |
| | *** | · · · · · · · · · · · · · · · · · · · | - | |
| l have | read the answers | s on this Statement of Finance | cial Affairs and any attachments, a | and I declare under penalty of perjury that the |
| in cor | nection with a ba | orrect. I understand that mak inkruptcy case can result in f | ing a raise statement, concealing fines up to \$250,000, or imprisonn | property, or obtaining money or property by fraud nent for up to 20 years, or both. |
| | S.C. §§ 152, 1341, | | | : |
| | | \/ , | | |
| • | X | | 40 | |
| * | Signature of Debto | $\frac{1}{2}$ | Signature of De | ehtor 2 |
| | | | Olgratato di Di | 2 |
| | Date 12/1 | /2015 | Date | |
| | MM / DD / | YYYY | MM / D | DD / YYYY |
| | | | | |
| Did ye | ou attach addition | al pages to Your Statement of | of Financial Affairs for Individuals | Filing for Bankruptcy (Official Form 107)? |
| _ | | | | |
| N | | | | |
| □ Y | es | | | |
| Did yo | ou pay or agree to | pay someone who is not an | attorney to help you fill out bankr | uptcy forms? |
| _ | | | | |
| ■ N | | | | |
| LΙΥ | es. Name of perso | on | | . Attach the Bankruptcy Petition Preparer's Notice, |
| | | | | Declaration, and Signature (Official Form 119). |

ain

| Debtor 1 | Case 15-41698 | | Doc 1 | Document | Entered 12/10/15 12:38:31 Page 60 of 64 | Desc Ma | |
|----------|---------------|--------------|-------------|----------|--|------------------------|--|
| Deptor 1 | First Name | | Middle Name | | Last Name | Case Number (if known) | |
| | | -4 V III 4 B | | | | | |

| Part 2: List Your Unexpired Personal Property Leases | |
|--|----------------------------|
| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpire | |
| fill in the information below. Do not list real estate leases. <i>Unexpired leases</i> are leases that are still in effect | 1 |
| ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § | 365(p)(2). |
| Describe your unexpired personal property leases | Will the lease be assumed? |
| Lessor's name: | ∐ No |
| Description of leased property: | ☐ Yes |
| Lessor's name: | · · · · No |
| Description of leased property: | Yes |
| Lessor's name: | □No |
| Description of leased property: | Yes |
| Lessor's name: | □No |
| Description of leased property: | □Yes |
| Lessor's name: | □No |
| Description of leased property: | □Yes |
| Lessor's name: | □No |
| Description of leased property: | □Yes |
| Lessor's name: | □No |
| Description of leased property: | Yes |
| Part 8: Sign Below | |
| Inder penalty of perjury, I declare that I have indicated my intention about any property of my estate that sec | ures a debt and any |
| Signature of Debtor 2 | |
| Date Dated: 12/1/20 Date MM / DD / YYYY | |

Official Form 108

Record # 667830

Statement of Intention for Individuals Filing Under Chapter 7

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main

DISCLAIMER Debtors have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for fimily support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

 (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filling spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt.
 b. Failure to keep books and records documenting your financial affairs.
 c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay.
 d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others
 e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy.
 f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filling fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE FOR PETITION IS ACCURATE!!!!

Dated: 1 / 1/2015

Sarah Marie Laning

X Date & Sign

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 62 of 64

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Sarah Marie Laning / Debtor

Bankruptcy Docket #:

Judge:

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Dated: 2 / 2015

X Date & Sign

Record # 667830

^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Main Document Page 63 of 64

| De | btor 1 | Sarah First Name | Marie | Laning | Case | Number (if known) _ | | |
|-----|------------------|---|--|--|----------------------|---------------------------------------|-------------------|-------------|
| | | Liter Mailie | міодів Name | Last Name | Coli | ımn A | Column B | 120 |
| | | | | | Deb | tor 1 | Debtor 2 or | (S) |
| 0 | Hnom | mlaymant as w | | | | ^ | non-filing spouse | |
| О. | Do no | ployment com | unt if you contend that the amount recei | /ed was a benefit | | \$0.00 | \$0.00 | |
| | | | urity Act. Instead, list it here: | | | | | |
| | | | | | | | | |
| _ | • | • | | | | | | |
| у. | benef | i on or retireme fit under the So | nt income. Do not include any amount r cial Security Act. | eceived that was a | | \$0.00 | \$0.00 | |
| 10 | Do no | ot include any b victim of a war o | er sources not listed above. Specify the enefits received under the Social Securi prime, a crime against humanity, or inten ry, list other sources on a separate page | y Act or payments received national or domestic | | | | |
| | 10a | | | | | \$0.00 | \$ 0.00 | |
| | | | | | \$ | 0.00 | \$0.00 | |
| | | | om separate pages, if any. | | | \$0.00 | \$0.00 | |
| 11. | . Calcu colum | ilate your total in. Then add th | current monthly income. Add lines 2 the total for Column A to the total for Column | rough 10 for each nn B. | | \$2,506.29 + | \$0.00 = | \$2,506.29 |
| | | | | | | | | |
| P | art 2: | Determine | Whether the Means Test Applies to You | | | | | |
| 12. | | | ent monthly income for the year. Follow | | · | · · · · · · · · · · · · · · · · · · · | | |
| | 12a. | Copy your tota | I current monthly income from line 11 | | Сор | y line 11 here | 12a. | \$2,506.29 |
| | | | (the number of months in a year). | | | | g | x 12 |
| | | | our annual income for this part of the form | | | | 12b. 📗 | \$30,075.48 |
| 13. | Calcu | late the media | n family income that applies to you. Fo | low these steps: | | | | |
| | Fill in | the state in whi | ch you live. | IL |] | | | |
| | Fill in | the number of p | people in your household. | 2 | Ī | | | |
| | Fill in 1 | the median fam | ully income for your state and size of hou | | J | | 13. | *c2 020 00 |
| | To find | d a list of applic | illy income for your state and size of hou able median income amounts, go online irm. This list may also be available at the | using the link specified in the | ne separate | | 13. | \$63,820.00 |
| | msuuc | | im. This list may also be available at the | bankruptcy cierk's office. | | | | |
| 14. | How d | lo the lines co | mpare? | | | | | |
| | 14a. [| X line 12b is le Go to Part 3. | ess than or equal to line 13. On the top or | page 1, check box 1, Then | e is no presumption | of abuse. | | |
| | 14b. [| ine 12b is m | ore than line 13. On the top of page 1, c | neck box 2, The presumpti | on of abuse is deter | mined by Form 22 | A-2. | |
| Ρ | art 3: | Sign Belov | • | | | | | |
| | | By signing nere | L declare under penalty of perjury that | he information on this state | ment and in any atta | achments is true ar | nd correct. | |
| | | | mla | | · | | | |
| | | Date:: | Sarah Marie Laning | | | | | |
| | | | 7 72010 | _ | | | | |
| | | _ | line 14a, do NOT fill out or file Form 22A | | | | | |
| | | ır you cnecked | line 14b, fill out Form 22A-2 and file it wi | h this form. | | | | |

Case 15-41698 Doc 1 Filed 12/10/15 Entered 12/10/15 12:38:31 Desc Mair Document Page 64 of 64

Form B 201A, Notice to Consumer Debtor(s)

In re Sarah Marie Laning / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee; Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: \\\ \ / \ \ /2015

Sarah Marie Laning

X Date & Sign

Dated: 10/2015

Attorney: Club Singa